

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B92000000064

1. Entity Name

SFE CITRUS PROCESSORS, L.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -5 AM 10:13



Principal Place of Business

625 BRIDGERS AVE. W.
AUBURNDALE FL 33823

Mailing Address

625 BRIDGERS AVE. W.
AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3155356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLINER, NATHANIEL L ESQ.
C/O CARLTON FIELDS
777 SOUTH HARBOUR ISLAND BLVD.
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$4,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000001259
NAME SFE CITRUS GP, LLC
STREET ADDRESS 400 NORTH TAMPA STREET
CITY-ST-ZIP TAMPAS FL 33602

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100004912551--0
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

BY: SFE CITRUS GP, LLC

ITS GENERAL PARTNER

SIGNATURE:

NOTARIAL SEAL REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GARY VILJOEN, CFO

2/1/2002

877 595 3727

Date

Daytime Phone #

CR2E003 (9/01)