

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000652

1. Entity Name

INTERNATIONAL SOCIETY OF CITRICULTURE, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91762 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O L. GENE ALBRIGO  
 700 EXPERIMENT STATION RD  
 LAKE ALFRED FL 33850

C/O L. GENE ALBRIGO  
 700 EXPERIMENT STATION RD  
 LAKE ALFRED FL 33850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3038955

Applied For

Not Applicable

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

ALBRIGO, LEO GENE  
 CITRUS RESEARCH AND EDUCATION CENTER  
 700 EXPERIMENT STATION RD.  
 LAKE ALFRED FL 33850

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
 NAME ALBRIGO, LEO GENE  
 STREET ADDRESS 700 EXPERIMENT STATION RD  
 CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST ☒ Delete  
 NAME COGGINS, CHARLES W JR  
 STREET ADDRESS BOTANY & PLANT SCIENCES DEPT. UNIV. OF CA  
 CITY-ST-ZIP RIVERSIDE CA 92521

TITLE ☐ Change ☒ Addition  
 NAME LOVATT, Carol J.  
 STREET ADDRESS Botany & Plant Sciences Dept. Univ. of CA  
 CITY-ST-ZIP Riverside, CA 92521

TITLE AT ☐ Delete  
 NAME BURNS, JACQUALINE  
 STREET ADDRESS 700 EXPERIMENT STATION ROAD  
 CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leo Gene Albrigo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02  
 Date

863-956-1151  
 Daytime Phone #

CR2E037 (9/01)