2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # J38285** 1. Entity Name SAND HILL CITRUS, INC. 04-20-2001 90022 027 ***150.00 Mailing Address Principal Place of Business 70 COLONY DRIVE NORTH 70 COLONY DRIVE NORTH **ELLENTON FL 34222 ELLENTON FL 34222** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2723308 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired . -- - . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERWITZ, HOWARD C. Street Address (P.O. Box Number is Not Acceptable) 70 COLONY DRIVE NORTH **ELLENTON FL 34222** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition Change ☐ Delete TITLE TITLE NAME GERWITZ, HOWARD NAME STREET ADDRESS STREET ADDRESS 70 COLONY DRIVE NORTH CITY-ST-ZIP CITY-ST-ZIP **ELLENTON FL** ☐ Addition Change ☐ Delete TITLE TITLE GERWITZ, DAVID NAME NAME STREET ADDRESS STREET ADDRESS **ROUTE #5, BOX 1100** CITY-ST-ZIP CITY-ST-7IP **GLOUCESTER VA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME D'ANGELO, DENNIS NAME STREET ADDRESS STREET ADDRESS 412 RUGBY RD CITY-ST-ZIP CITY-ST-ZIP CEDARHURST NY ☐ Change ☐ Addition TITLE ☐ Delete TITLE KESTER, MILES NAME NAME STREET ADDRESS STREET ADDRESS 9908 SANDPIPER ROAD CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 94+722-0

Daytime Phone (