

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90044 006 ****55.00

DOCUMENT # L01000009701

1. Entity Name

FLORIDA CITRUS HUNTERS, LLC

Principal Place of Business

**4210 METRO PARKWAY
SUITE 250
FT. MYERS FL 33916**

Mailing Address

**4210 METRO PARKWAY
SUITE 250
FT. MYERS FL 33916**

903971

2. Principal Place of Business

**4210 Metro Parkway
Suite, Apt. #, etc.
Suite #250**

3. Mailing Address

Same

City & State

Ft. Myers, FL

City & State

Same

Zip

33916

Country

USA

Zip

Same

Country

Same

4. FEI Number

65-1113224

Applied For

☐ Not Applicable

5. Certificate of Status: Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RYAN, STEPHEN W
4210 METRO PARKWAY
SUITE 250
FT. MYERS FL 33916**

7. Name and Address of New Registered Agent

Name

Ryan, Stephen W.

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

4210 Metro Parkway

Suite 250

City

Ft. Myers

FL

Zip Code

33916

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Stephen W. Ryan
CITY-ST-ZIP	4210 Metro Parkway #250
	Ft. Myers, FL 33916
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
Stephen W. Ryan

1/9/2002

941-275-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)