2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L97000001241

1. Entity Name

SUNMAID SITE SELECTION, LLC

Principal Place of Business	Mailing Address
636 MARBURY LANE LONGBOAT KEY FL 34228	P.O. BOX 3319 SARASOTA FL 34230-3319

2. Principal Place of Business	3. Mailing Address	
580 DeNarvaez Drive		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State — Longboat Key, Fl	City & State	4. FEI Number 65-0796617 — Applied For / Not Applicable
Zip 34228 Country Moncha	Zip Country	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARSON, JOHN 580 DENARVAEZ DRIVE LONGBOAT KEY FL 34228	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 _____   15 February 00

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME CARSON, WILLIAM J STREET ADDRESS 580 DENARVAEZ DRIVE CITY-ST-ZIP LONGBOAT KEY FL 34228	☐ Delete	TITLE NAME STREET ADDRESS nf 3/7/00 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME CARSON, LYNN C STREET ADDRESS 580 DENARVAEZ DRIVE CITY-ST-ZIP LONGBOAT KEY FL 34228	☐ Delete	TITLE NAME 300003162133---4 STREET ADDRESS -03/08/00--01054--005 CITY-ST-ZIP *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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 Wm-John Carson   15 February 00   941-383-6876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #