

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001559

1. Entity Name

FLORIDA CITRUS INTERNATIONAL-SWEETWATER, L.C.

Principal Place of Business

1682 STATE ROAD 64 WEST
WAUCHULA FL 33873

Mailing Address

1682 STATE ROAD 64 WEST
WAUCHULA FL 33873-9637

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

APPLIED FOR

Applied For

Not Applicable

65-0859659
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

KUNKEL, KLAUS

1682 STATE ROAD 64 WEST
WAUCHULA FL 33873

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME KUNKEL, KLAUS
STREET ADDRESS 1682 STATE ROAD 64 WEST
CITY- ST- ZIP WAUCHULA FL 33873

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM
NAME FANTA, GUNTER
STREET ADDRESS DORFSTR 60, D-97753
CITY- ST- ZIP KARLSTADT-ROHRBACH, GERMANY

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM
NAME HOFMANN, DIETER
STREET ADDRESS RECHTENBACHERSTR.40, D-97801
CITY- ST- ZIP LOHR/MAIN, GERMANY

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/28/2000 863-735-2928