

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001194

1. Entity Name  
CHARLOTTE SUN CITRUS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 15 PM 1:31

Principal Place of Business  
206 N. 6TH AVENUE  
WAUCHULA FL 33873

Mailing Address  
P.O. BOX 2325  
WAUCHULA FL 33873-6325



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  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEE, JAMES V JR.  
206 N. 6TH AVENUE  
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 NAME MGR  
STREET ADDRESS ROBBINS, PETER G  
CITY - ST - ZIP 274 RIVERSIDE AVENUE, FIRST FLOOR  
WESTPORT CT 06880 ☐ Delete

TITLE NAME MGR ☒ Change ☐ Addition  
STREET ADDRESS ROBBINS, PETER G  
CITY - ST - ZIP 180 POST ROAD EAST  
WESTPORT, CT 06880

TITLE NAME MGR ☐ Delete  
STREET ADDRESS MCKANE, DAVID B  
CITY - ST - ZIP 274 RIVERSIDE AVENUE, FIRST FLOOR  
WESTPORT CT 06880

TITLE NAME MGR ☒ Change ☐ Addition  
STREET ADDRESS MCKANE, DAVID B  
CITY - ST - ZIP 180 POST ROAD EAST  
WESTPORT, CT 06880

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TITLE NAME ☐ Change ☐ Addition  
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  
PETER G ROBBINS - MANAGER

3/13/00

Date

863-773-9725

Daytime Phone #

CR2E083 (9/99)