

2001 UNIFORM BUSINESS REPORT (UBR)

Return Receipt Requested

FILED

01 MAY 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # L99000003558**

1. Entity Name

CHARLOTTE CITRUS PARTNERS, L.L.C.

Principal Place of Business

**206 N. 6TH AVENUE
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 2325
WAUCHULA FL 33873**

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

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

SEE, JAMES V JR**206 NORTH 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	MGR	<input type="checkbox"/> Delete
NAME	SEE, JAMES V JR	
STREET ADDRESS	707 OAK FOREST DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, James V. Jr.	
STREET ADDRESS	206 North 6th Avenue	
CITY-ST-ZIP	Wauchula, FL 33873	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALBRITTON, BENNY W SR	
STREET ADDRESS	2986 SCHONTAG ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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.

Charlotte Citrus Partners, LLC**SIGNATURE:****SIGNATURE****4/19/01****(863) 773-0060**

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

Date

Daytime Phone #