

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90230 006 ****50.00

0066020

DOCUMENT # L99000004114

1. Entity Name

FLORIDA CITRUS PARTNERS, L.L.C.



Principal Place of Business

1900 OLD DIXIE HWY
FORT PIERCE FL 34946

Mailing Address

1900 OLD DIXIE HWY
FORT PIERCE FL 34946

2. Principal Place of Business

12425 28th St. N.

3. Mailing Address

12425 28th St. N.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33716

Country

Zip

33716

Country

4. FEI Number

65-0953645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BREWTON, WILBUR E
225 SOUTH ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DAVIS, PAMELA JO	
STREET ADDRESS	12425 28TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	NELSON, GREGORY P	
STREET ADDRESS	1900 OLD DIXIE HWY	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	REED, GLEN W	
STREET ADDRESS	1900 OLD DIXIE HWY	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARRELL, MICHAEL N	
STREET ADDRESS	12425 28TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
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 type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

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

Date

Daytime Phone #

Michael N. Harrell
MICHAEL N. HARRELL

4/21/03

727-556-3373

CR2E083 (10/02)