

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91533 035 \*\*\*150.00

**867416**

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CR2E034B (12/01)

**DOCUMENT #** M00000Q00518

**1. Entity Name**

CARGILL SUNPURE NATURAL CLOUD, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

100 East 6th St

**3. Mailing Address**

100 East 6th St

Suite, Apt. #, etc. 33843

Suite, Apt. #, etc.

**City & State**

FROSTPROOF, FL 33843

**City & State**

FROSTPROOF, FL 33843

**4. FEI Number**

36-4352855

Applied For

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

C T CORPORATION SYSTEM

**Street Address (P.O. Box Number is Not Acceptable)**

1200 SOUTH PINE ISLAND RD

**City**

PLANTATION

**FL**

**Zip Code  
33324**

**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**

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** Member Representative - Cargill  
**NAME** Thomas P. Abrahamson  
**STREET ADDRESS** 100 E. 6th St  
**CITY-ST-ZIP** Frostproof, FL 33843

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** DIRECTOR  
**NAME** Paul H B Bruggink  
**STREET ADDRESS** same  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Member Representative - SunPure  
**NAME** Hadi Lashkajami  
**STREET ADDRESS** same  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Member Representative - Sunpure  
**NAME** Jim Todd  
**STREET ADDRESS** same  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Operations Manager  
**NAME** Hans Hendriksen  
**STREET ADDRESS** same  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** General Manager & Vice President  
**NAME** J. Parrick Rain  
**STREET ADDRESS** addresses  
**CITY-ST-ZIP** \* Charles O. Rankins - same

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**GENERAL PARTNER C CARGILL CITRO-AMERICA, INC.**

**SIGNATURE:** *James R. Claver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02 952-742-6419

Date

Daytime Phone #