

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000089

1. Entity Name
IFCO-U.S., L.L.C.

FILED

00 SEP 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5401 W. KENNEDY BLVD.
SUITE 711
TAMPA FL 33609

Mailing Address
5401 W. KENNEDY BLVD.
SUITE 711
TAMPA FL 33609

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3344620

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HUMPHRIES, GREGORY J
20 N. ORANGE AVE., SUITE 1000
C/O SHUTTS & BOWEN
ORLANDO FL 32801

Name
William G. Anderson, MGR
Street Address (P.O. Box Number is Not Acceptable)
5401 West Kennedy Blvd.,
Suite 711
City Tampa FL Zip Code 33609

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 William G. Anderson Director, R.P.C. Division, MGR Sept. 8, 2000
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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ☒ Delete
JONES, LLOYD W
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 760
CITY-ST-ZIP TAMPA FL 33609

TITLE NAME Director, R.P.C. Division ☒ Change ☐ Addition
William G. Anderson, MGR
STREET ADDRESS 5401 W. Kennedy Blvd., Suite 711
CITY-ST-ZIP Tampa, FL 33609

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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: William G. Anderson REQUIRED

Sept. 8, 2000 (813) 287-8940

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

William G. Anderson, MGR

Date

Daytime Phone #

CR2E083 (5/00)