

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001259

1. Entity Name
SFE CITRUS GP, LLC

FILED

00 JAN 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O PASCO ACQUISITION
400 NORTH TAMPA STREET
TAMPA FL 33602

Mailing Address
C/O PASCO ACQUISITION
400 NORTH TAMPA STREET
TAMPA FL 33602-4719



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583659

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOLINER, NATHANIEL L ESQUIRE
% CARLTON FIELDS
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602

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 MGRM ☐ Delete
STREET ADDRESS TEGREENE, DAVID
CITY-ST-ZIP 250 BRIGHAM ROAD
WINTER HAVEN FL 33881

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS FOR ATTACHED FOR COMPLETE
CITY-ST-ZIP OFFICER, MANAGER LISTING

TITLE NAME MGRM ☐ Delete
STREET ADDRESS FOUTS, LOU
CITY-ST-ZIP EAST 34TH STREET, APT. #18-C
NEW YORK NY 10016

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003118871-6
CITY-ST-ZIP -02/01/00--01094--008
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS PEISER, ROBERT A
CITY-ST-ZIP 326 LAKEWOOD DRIVE
BLOOMFIELD HILLS MI 48304

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

TITLE NAME MGRM ☒ Delete
STREET ADDRESS ALPIN, DAVID
CITY-ST-ZIP 2439 HOLLINGWORTH HILL
LAKELAND FL 33803

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS GEORGE WILSON
CITY-ST-ZIP 413 NORTH WALTER DRIVE
PLANT CITY FL 33567

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

R.A. PEISER
MANAGER 1/24/2000 813-273-4600