

2001 UNIFORM BUSINESS REPORT (UBR)

0016963 AF

DOCUMENT # M99000001259

1. Entity Name
SFE CITRUS GP, LLC

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

FILED
01 JAN 31 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 59-3583659

Applied For
Not Applicable

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 _____ (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 ☐ Delete
MGRM
TEGRENE, DAVID
250 BRIGHAM ROAD
WINTER HAVEN FL 33881

TITLE NAME ☐ Change ☐ Addition
200003662812--9
-02/09/01--01013--001
*****50.00 *****50.00

TITLE NAME ☒ Delete
MGRM
FOOTS, LOU
EAST 34TH STREET, APT. #18-C
NEW YORK NY 10016

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM
PEISER, ROBERT A
326 LAKEWOOD DRIVE
BLOOMFIELD HILLS MI 48304

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
MGRM
WILSON, GEORGE
413 NORTH WALTER DRIVE
PLANT CITY FL 33567

TITLE NAME ☐ Change ☒ Addition
MGRM
ROBERT NORBERG
1251 PRISTINE PLACE
LUTZ, FL 33549

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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

Robert A Peiser

1/26/2001

Date

877 595 3727

Daytime Phone #

CR2E083 (11/00)