

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # M99000001260

1. Entity Name

SFE CITRUS HOLDINGS, 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

Zip

Country

Zip

Country

4. FEI Number

59-3583661

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

DOLINER, NATHANIEL L ESQ.
% CARLTON FIELDS
77 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602

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.

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME See a memo listing from AL
STREET ADDRESS OFFICERS, MANAGER
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME 200003118872-3
STREET ADDRESS -02/01/00--01094--009
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

TITLE ☐ Change ☐ Add
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 REQUIRED

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

RA. PEISER

MANAGER

Date

Daytime Phone #

1/24/2000

813-273-4600