

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008282

1. Entity Name

BIG ISLAND FRUIT INC.

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90022 048 \*\*\*550.00

Principal Place of Business

815 DADE STREET  
 IMMOKALEE FL

Mailing Address

815 DADE STREET  
 IMMOKALEE FL

2. Principal Place of Business

3. Mailing Address

P.O. Box 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Immokalee FL

4. FEI Number

59-3645463

Applied For

Not Applicable

Zip

Country

Zip

Country

34143

Collier

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODEN, DONALD H  
 240 2ND STREET N.E.  
 NAPLES FL 34120

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

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 D  
 NAME RHODEN, DONALD H ☐ Delete  
 STREET ADDRESS 240 2ND STREET N.E.  
 CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V. President ☐ Change ☒ Addition  
 NAME Jerson Alcaraz  
 STREET ADDRESS 81 Silver Oaks Cir.  
 CITY-ST-ZIP Naples FL 34119

TITLE Sec. ☐ Change ☒ Addition  
 NAME Michael Moore  
 STREET ADDRESS 6941 Hunters Rd  
 CITY-ST-ZIP Naples FL 34108

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

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

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

TITLE ☐ Change ☐ Addition  
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/01

941 657-2277

CR2E034 (5/01)