

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2001 8:00 am Secretary of State

03-20-2001 90021 041 ***150.00

DOCUMENT # P00000096251

1. Entity Name
KAHN CITRUS, INC.

Principal Place of Business Mailing Address
5301 MIKE KAHN ROAD **5301 MIKE KAHN ROAD**
SEBRING FL 33870 **SEBRING FL 33870**

2. Principal Place of Business 3. Mailing Address
220 S COMMERCE AVE **P.O. Box 3346**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SEBRING FL **SEBRING, FL**

Zip Country Zip Country
33870 **USA** **33871** **USA**

4. FEI Number Applied For
65-1073473 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KAHN, MARVIN
5301 MIKE KAHN ROAD
SEBRING FL 33870

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
220 S. Commerce Ave
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	KAHN, MARVIN	
STREET ADDRESS	5301 MIKE KAHN ROAD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/>
NAME	KAHN, A.J.	
STREET ADDRESS	118 NE LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/>
NAME	DAVIS, RUTH K	
STREET ADDRESS	1981 U.S. 27 SOUTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	220 S. Commerce Ave		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Marvin Kahn* **MARVIN KAHN** 02-1-01 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)