2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90065 038 ***150.00

DOCUMENT # P21599

1. Entity Name

CHIQUITA TROPICAL PRODUCTS COMPANY

Principal Place of Business	Mailing Address
C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202	C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202-4119

DO NOT WRITE IN THIS SPACE

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 13-3286313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TSACALIS, WILLIAM A. 250 E 5TH ST. CINCINNATI OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIGAN, WARREN J. 250 E FIFTH ST CINCINNATI OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ROBERT W. OLSON 250 E 5TH ST. CINCINNATI OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KONDRITZER, GERALD R 250 E 5TH ST. CINCINNATI OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEMKE, JUDITH A 250 EAST FIFTH STREET CINCINNATI OH 45202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Carla A. Byron 250 East Fifth Street Cincinnati OH 45202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TATE, JOHN M 250 EAST FIFTH STREET CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: John M. Tate 2/10/00 (513) 784-8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
D# P21599
D0027463

CHIQUITA TROPICAL PRODUCTS COMPANY

Additional Officers

Officers	*Title*	*Address*
John E. Lanier	Assistant Treasurer	250 East Fifth Street Cincinnati, Ohio 45202
Dennis W. Dern	Controller	250 East Fifth Street Cincinnati, Ohio 45202
Barbara M. Howland	Assistant Secretary	250 East Fifth Street Cincinnati, Ohio 45202
Donna K. Leonard	Assistant Secretary	250 East Fifth Street Cincinnati, Ohio 45202

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