

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91325 031 ***150.00

DOCUMENT # **P21599** ✓

1. Entity Name

Chiquita Tropical Products Company

DO NOT WRITE IN THIS SPACE

668069

2. Principal Place of Business
c/o Tax Dept.; 250 E. Fifth St.

3. Mailing Address
c/o Tax Dept.; 250 E. Fifth St.

Suite, Apt. #, etc.
27th Floor

Suite, Apt. #, etc.
27th Floor

DO NOT WRITE IN THIS SPACE

City & State
Cincinnati, OH

City & State
Cincinnati, OH

4. FEI Number
13-3286313

Applied For
Not Applicable

Zip
45202

Country
USA

Zip
45202

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 Pine Island Road

City
Plantation, FL Zip Code
33324

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
D/V/S
Robert W. Olson
250 East Fifth St.
Cincinnati, OH 45202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D/V
William A. Tsacalis
250 East Fifth St.
Cincinnati, OH 45202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D/P
James H. Wiley
250 East Fifth St.
Cincinnati, OH 45202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V/T
Carla A. Byron
250 East Fifth St.
Cincinnati, OH 45202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
Joseph W. Bradley
150 East Fifth St.
Cincinnati, OH 45202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
John M. Tate
250 East Fifth St.
Cincinnati, OH 45202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph W. Bradley

04/26/02

(513) 784-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)