

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34029

1. Entity Name

PUNTA GORDA CITRUS GROWERS' ASSOCIATION

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90033 050 \*\*\*158.75

Principal Place of Business  
TALAC, KER 29  
CH-8001 ZURICH SWITZERLAND

Mailing Address  
6117 ELLIOTT STREET  
PUNTA GORDA FL 33950-3907  
US

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  
59-0155625 **NOT APPLICABLE**

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

SCHWARZ, STEPHEN DEH.  
21229 OLEAN BLVD.  
SUITE B  
PORT CHARLOTTE FL 33952

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 \$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	JANSEN, WALTER	TALACKER 29							
		ZURICH, SWITZERLAND								
	VD	BIEDERMANN, JOSEF	TALACKER 29							
		ZURICH, SWITZERLAND								
	VD	SOLINSKI, HELMUT M.	6109 ELLIOTT STREET							
		PUNTA GORDA FL								
	V	GAUTSCHY, HEINER DR.	TALACKER 29							
		ZURICH SW								
	T	SCHULER, CONSTANTIN DR.	TALACKER 29						<input checked="" type="checkbox"/>	<input type="checkbox"/>
		ZURICH SW								

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:

*H. M. Solinski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-02-00 (941) 637-0055

CR2E034 (9/99)