

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90013 035 ***158.75

DOCUMENT # P34029

1. Entity Name
PUNTA GORDA CITRUS GROWERS' ASSOCIATION

Principal Place of Business
TALACKER 29
CH-9001 ZURICH SW
US

Mailing Address
6117 ELLIOTT STREET
PUNTA GORDA FL 33950
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**

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 **H. Mano SOLINSKI**

Street Address (P.O. Box Number is Not Acceptable)

6117 Elliott Street

City **Punta Gorda**

FL

Zip Code **33950**

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

H. Mano Solinski **H. Mano Solinski, VD, CEO** **01/18/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **JANSEN, WALTER**
 STREET ADDRESS **TALACKER 29**
 CITY-ST-ZIP **ZURICH, SWITZERLAND**

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

TITLE **VD** ☐ Delete
 NAME **BIEDERMANN, JOSEF**
 STREET ADDRESS **TALACKER 29**
 CITY-ST-ZIP **ZURICH, SWITZERLAND**

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

TITLE **VD** ☒ Delete
 NAME **SOLINSKI, HELMUT A.**
 STREET ADDRESS **6109 ELLIOTT STREET**
 CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **V** ☐ Delete
 NAME **GAUTSCHY, HEINER DR.**
 STREET ADDRESS **TALACKER 29**
 CITY-ST-ZIP **ZURICH SW**

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

TITLE **ST** ☐ Delete
 NAME **SCHULER, CONSTANTIN DR.**
 STREET ADDRESS **TALACKER 29**
 CITY-ST-ZIP **ZURICH SW**

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

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. Mano Solinski **H. Mano Solinski** **01/18/01** **(941) 637-0055**

CR2E034 (10/00)