

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90088 023 ***150.00

DOCUMENT # P95000079080

1. Entity Name
CLEWISTON CITRUS, INC.

Principal Place of Business

Route 2 - Box 1210
 Clewiston, FL 33440-9618

Mailing Address

c/o The Bank of
 New York
 One Wall St-16th Flr.
 New York, NY 10286

LU003297

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

13-3859037

Not Applicable

Zip

Country

Zip

Country

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

Smith, Richard C.
 c/o Coll Davidson, et al.
 3200 Miami Center - 201 S. Biscayne
 Boulevard
 Miami, Florida 33131-2312

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 President/Director ☒ Delete
 NAME Mark R. Slane
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY

TITLE President/Director ☒ Change ☐ Addition
 NAME Harold F. Dietz
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY 10286

TITLE Secretary ☐ Delete
 NAME Jacqueline R. McSwiggan
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY

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

TITLE Vice President ☐ Delete
 NAME Edward J. DeSalvio
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY

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

TITLE Vice President ☐ Delete
 NAME Richard B. Hebner
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY

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

TITLE Vice President ☒ Delete
 NAME Dan S. Lazar
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY

TITLE Vice President ☒ Change ☐ Addition
 NAME Anthony Zangre
 STREET ADDRESS c/o The Bank of New York
 CITY-ST-ZIP One Wall St. - NY, NY 10286

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

EDWARD J. DESALVIO

Date

Daytime Phone #

4/12/00 212-635-7285

CR2E034 (9/99)