

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079080

1. Entity Name  
CLEWISTON CITRUS, INC.

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90234 037 \*\*\*150.00

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 FLOOR  
NEW YORK NY 10286  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3859037

Applied For  
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 ~~SHOOK-HARDY & BACON~~  
3300 MIAMI CENTER-201 S BISCAYNE BLVD  
MIAMI FL 33131-2312  
2400

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 *Richard C. Smith*

Jan. 22, 2001

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, 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  
NAME DIETZ, HAROLD F  
STREET ADDRESS ONE WALL ST  
CITY-ST-ZIP NEW YORK NY 10286 ☐ Delete

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

TITLE S  
NAME MCSWIGGIN, JACQUELINE R  
STREET ADDRESS ONE WALL ST  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE VP  
NAME DESALVIO, EDWARD J  
STREET ADDRESS ONE WALL ST  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE VP  
NAME HEBNER, RICHARD B  
STREET ADDRESS ONE WALL ST  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE VP  
NAME ZANGRE, ANTHONY  
STREET ADDRESS ONE WALL ST  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Edward J. Desalvio* UP EDWARD J. DESALVIO 1/8/01 212-635-7285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)