

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90768 020 ***150.00

DOCUMENT # P96000056247

1. Entity Name

RIVER SUN CITRUS MANAGEMENT, II, INC.



Principal Place of Business:

**206 NORTH 6TH AVENUE
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 2325
WAUCHULA FL 33873**

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

65-0701222

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

**SEE, JAMES V JR.
206 NORTH 6TH AVENUE
WAUCHULA FL 33873**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SEE, JAMES V JR.	
STREET ADDRESS	206 NORTH 6TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MCKANE, DAVID B	
STREET ADDRESS	180 POST RD E	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ROBBINS, PETER G	
STREET ADDRESS	180 POST RD E	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

River Sun Citrus Management II, Inc.

SIGNATURE:

By: **JAMES V. SEE, JR., President**

3/26/2003 (863) 773-0060

Date Daytime Phone #

CR2E034 (10/02)