## 2000 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # P99000047936

1. Entity Name

SOUTHERN GULF CITRUS, INC.

## Apr 26, 2000 8:00 am Secretary of State 04-26-2000 90145 035 \*\*\*150.00

Principal Place of Business		Mailing Address		İ			
,		540 ANDORA DRIVE PUNTA GORDA FL 33955-1744					
24341 Ca Suite, Apt. # City & State Punta Co Zip 33955 HACK 115 V PUNT	Country USA 6. Name and Address of Current F  KETT, JACK O II VEST OLYMPIA AVENUE A GORDA FL 33950	Name Street Ad City		4. <b>4</b> . <b>5</b> . <b>7</b> . Address (P.O. I	DO NOT WRITE IN THIS SPACE  4. FEI Number 45-0918458 Applied For Not Applicable  5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent  Applied For Not Applicable  \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  The process (P.O. Box Number is Not Acceptable)		
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible	nd title if applicable. (NOTE	E: Registered Agent signa	iture required when		DATE	00 May Be
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		nt of State	Trust Fund Contributio		ed to Fees
TITLE NAME STREET ADDRESS CITY-ST-2IP	D SULLIVAN, JAYNE CLAIRE 540 ANDORA DRIVE PUNTA GORDA FL 33950	Delete	TITLE NAME STREET ADDRESS DITY-ST-ZIP	PSID Sulliv 24341	van, Jayne Claire Captain Kidd Bly Gorda, Florida	X.) Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, MATTHEW M JR. 540 ANDORA DRIVE PUNTA GORDA FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sulliv 24341	van, Matthew M. C Captain Kidd Bly Gorda, Florida	凇 Change Jr. √d.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	

indicated on this report or supplied with a similing 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 of 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 in address with all of the empowered.

**SIGNATURE:** 

ノニベビリ RINTED NAME OF SIGNING OFFICER OR DIRECTOR