2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P99000069987 HARDEE CITRUS MANAGEMENT, INC. 03-19-2001 90044 024 ***150.00 Principal Place of Business Mailing Address 206 NORTH 6TH AVENUE 206 NORTH 6TH AVENUE WAUCHULA FL: 33873 WAUCHULA FL 33873 3. Mailing Address 2. Principal Place of Business .O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0952608 Not Applicable AUCHULA \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 3873 Fee Required IJS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCKIBBEN, JEFF J ESQ. Street Address (P.O. Box Number is Not Acceptable) 160 SOUTH 5TH AVENUE SUITE B WAUCHULA FL 33873 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Delete TITLE TITLE ALBRITTON, JOSEPH R NAME NAME STREET ADDRESS 206 NORTH 6TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE, TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.