

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90037 036 \*\*\*150.00

**DOCUMENT # 844284**

1. Entity Name  
**DOLE CITRUS INCORPORATED**

Principal Place of Business <b>639 S SANBORN ST          SALINAS CA 93901          US</b>	Mailing Address <b>P O BOX 5132          WESTLAKE VILLAGE CA 91359-182--5132          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>95-3408577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>-\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.          1201 HAYS STREET          SUITE 105          TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NOLAN, PETER M 1 DOLE DRIVE WESTLAKE VILLAGE CA 91362-7300</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KERN, LAWRENCE A. ONE DOLE DRIVE WESTLAKE VILLAGE, CA 91362-7300</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BATES, J. ALBERT 9289 CLEMENS RD TERRA BELLA CA 93270</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FIORI, KEVIN 6001 SNOW RD BAKERSFIELD CA 93308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T POTILLO, BETH 1 DOLE DRIVE WESTLAKE VILLAGE CA 91362-7300</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOOVER, THERESA L 1 DOLE DRIVE WESTLAKE VILLAGE CA 91362-7300</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONNER, JEFFREY B. ONE DOLE DRIVE WESTLAKE VILLAGE, CA 91362-7300</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATVD PERRIGO, DAVID W 1 DOLE DRIVE WESTLAKE VILLAGE CA 91362-7300</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATVD KENNEDY, JAMES A. ONE DOLE DRIVE WESTLAKE VILLAGE, CA 91362-7300</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** *Janice M. Nicols* Janice M. Nicols 3/30/01 818-879-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

2001 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT 844284  
DOLE CITRUS INCORPORATED

835465

**Block 12 Additional Officers:**

Title: VP  
Name: Carter, C. Michael  
One Dole Drive  
Westlake Village, CA 91362-7300

Title: AS  
Name: Nicols, Janice M.  
One Dole Drive  
Westlake Village, CA 91362-7300

Title: AS  
Name: Miles, Ilene  
10900 Wilshire Blvd.  
Los Angeles, CA 90024

Title: AT  
Name: Rogers, Kenneth  
639 S. Sanborn Road  
Salinas, CA 93901

Attachment

835465



Food Company, Inc.

P.O. Box 5132, Westlake Village, CA 91359-5132 • Phone (818) 874-4000 • Fax (818) 874-4893

# 844784

April 27, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2001 Uniform Business Report**

Dear Sir or Madam:

Please find enclosed an original and a duplicate copy of the 2001 Uniform Business Report for the following corporations, together with the \$150 filing fee for each:

- √ Cool Care, Inc.
- √ Dole Citrus Incorporated
- √ Dole Ocean Cargo Express, Inc.
- √ Flowernet, Inc.
- √ Saw Grass Transport, Inc.

Please return date-stamped copies in the enclosed self-addressed, stamped envelope.

Thank you for your continued courtesies.

Sincerely,

A handwritten signature in cursive script that reads "Teresa Robertson".

Teresa Robertson  
Administrative Assistant

/ms

Enclosures