

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90033 050 ***158.75

DOCUMENT # P34029

1. Entity Name

PUNTA GORDA CITRUS GROWERS' ASSOCIATION

Principal Place of Business

Mailing Address

**TALACKER 29
 CH-8001 ZURICH SWITZERLAND**

**6117 ELLIOTT STREET
 PUNTA GORDA FL 33950-3907
 US**

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

59-0155625

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARZ, STEPHEN DEH.
 21229 OLEAN BLVD.
 SUITE B
 PORT CHARLOTTE FL 33952**

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, WALTER	NAME	
STREET ADDRESS	TALACKER 29	STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEDERMANN, JOSEF	NAME	
STREET ADDRESS	TALACKER 29	STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLINSKI, HELMUT M.	NAME	
STREET ADDRESS	6109 ELLIOTT STREET	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTSCHY, HEINER DR.	NAME	
STREET ADDRESS	TALACKER 29	STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, CONSTANTIN DR.	NAME	
STREET ADDRESS	TALACKER 29	STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

H. M. Solinski
SOLINSKI, HELMUT M. DR. V.D.

03-02-00

(941)637-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)