

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26155**

1. Entity Name

SUNPURE, LTD.

Principal Place of Business

1600 SUNPURE ROAD
AVON PARK FL 33825-9572

Mailing Address

1600 SUNPURE ROAD
AVON PARK FL 33825-9572

2. Principal Place of Business

5200 US HWY 98 S

3. Mailing Address

5200 US HWY 98 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

4. FEI Number

59-2886374

Applied For

Not Applicable

Zip

33813-4203

Country

USA

Zip

33813-4203

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 18 AM 10:02

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LASHKAJANI, HADI B
1600 SUNPURE ROAD
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

LASHKAJANI, HADI B

Street Address (P.O. Box Number is Not Acceptable)

5200 US HWY 98 S

City

LAKELAND FLORIDA

FL

Zip Code

33813-4203

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 *[Handwritten Signature]* HADI B. LASHKAJANI

8-21-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,779,000.00

10. Amount of Capital Contributions in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	K00323
NAME	SUNPURE PRODUCTS, INC.
STREET ADDRESS	1600 SUNPURE RD.
CITY-ST-ZIP	AVON PARK FL 33825
DOCUMENT #	F92000000008
NAME	TODD JUICE PRODUCTS, INC.
STREET ADDRESS	1711 DOUGLAS AVENUE (P.O. BOX 711)
CITY-ST-ZIP	KALAMAZOO MI 49005
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	700003409137-4
STREET ADDRESS	09/29/00-01018-029
CITY-ST-ZIP	****541.25 ****541.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Handwritten Signature] HADI B. LASHKAJANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-21-2000

DATE

863-619-2222

Daytime Phone #

CR2E003 (5/00)