

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90031 012 ***150.00

714989



DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000001401

1. Entity Name
DRISCOLL STRAWBERRY ASSOCIATES, INC.

Principal Place of Business P.O. BOX 50045 WATSONVILLE CA	Mailing Address P.O. BOX 50045 WATSONVILLE CA 95077-5045
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 94-1237296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MORENA, KENNETH STREET ADDRESS 345 WESTRIDGE DRIVE CITY-ST-ZIP WATSONVILLE CA 95077	<input checked="" type="checkbox"/> Delete	TITLE P NAME Gionnette, L. Gary STREET ADDRESS 345 Westridge Drive CITY-ST-ZIP Watsonville, CA 95077	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CVPD NAME REITER, J M STREET ADDRESS 345 WESTRIDGE DRIVE CITY-ST-ZIP WATSONVILLE CA 95077	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DRISCOLL, THOMAS STREET ADDRESS 345 WESTRIDGE DRIVE CITY-ST-ZIP WATSONVILLE CA 95077	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FLORY, WILLIAM STREET ADDRESS 345 WESTRIDGE DRIVE CITY-ST-ZIP WATSONVILLE CA 95077	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOYLES, CHARLES STREET ADDRESS 345 WESTRIDGE DRIVE CITY-ST-ZIP WATSONVILLE CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MILLER, CLINTON STREET ADDRESS 345 WESTRIDGE DRIVE CITY-ST-ZIP WATSONVILLE CA 95077	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: L. Gary Gionnette (831) 763-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)