

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90127 017 \*\*\*150.00

**DOCUMENT # P94000004092**

1. Entity Name  
**EAST COAST FRUIT COMPANY, INC. OF GEORGIA**

Principal Place of Business 3335 N EDGEWOOD AVE JACKSONVILLE FL 32254 US	Mailing Address 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216-6191
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AG031904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. Box 551260
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	4. FEI Number 59-3218834	Applied For Not Applicable
Zip 32255	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHNEIDER, MICHAEL N**  
**4215 SOUTHPOINT BLVD.**  
**SUITE 100**  
**JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent  
 Name: **Michael N. Schneider**  
 Street Address (P.O. Box Number is Not Acceptable): **5150 Belfort Road**  
**Building 100**  
 City: **Jacksonville** FL Zip Code: **32256**

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]* DATE: **3/15/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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		
TITLE D	PORTNOY, GOLDIE	<input type="checkbox"/> Delete
STREET ADDRESS	2823 EVERCHARM PL.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE DS	ANSBACHER, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS	4215 SOUTHPOINT BLVD., SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE P	PASSINK, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	3335 N EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE VT	PORTNOY, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	3335 N EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ansbacher, Lewis	
STREET ADDRESS	5150 Belfort Road #100	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 reports 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 line empowered.

SIGNATURE: *[Signature]* DATE: **2/15/00** DAYTIME PHONE #: **904-555-7678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)