

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 323835

1. Entity Name

JUICE BOWL PRODUCTS, INC.

Principal Place of Business

2090 BARTOW ROAD  
LAKELAND FL 33801

Mailing Address

P.O. BOX 1048  
LAKELAND FL 33802-1048

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

59-1195205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DIVELEY, KENNETH R	
STREET ADDRESS	1001 13TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOFKO, JOHN T	
STREET ADDRESS	1001 13TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HALL, BRENDA	
STREET ADDRESS	2105 INDIAN TRAILS	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RICHARD V	
STREET ADDRESS	1302 WATERFORD DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAMM, RICHARD J.F.	
STREET ADDRESS	1001 13TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIMONETTA, ROCCO	
STREET ADDRESS	1001 13TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR, VP, ASST SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY W. SIMMONS	
STREET ADDRESS	1115 WATERFALL LAKE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	DIRECTOR, PRESIDENT CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. GRADY	
STREET ADDRESS	1206 LAKE POINT DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	DIRECTOR, PRESIDENT, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. MICHAEL GRADY	
STREET ADDRESS	815 S. MISSOURI AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. PAUL GRADY	
STREET ADDRESS	1985 GENERAL ALEXANDER DR.	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE	DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE GRADY GLEASON	
STREET ADDRESS	330 GOODHILL ROAD	
CITY-ST-ZIP	KENTFIELD, CA 94094	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM GLEASON	
STREET ADDRESS	330 GOODHILL ROAD	
CITY-ST-ZIP	KENTFIELD, CA 94094	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90086 022 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)