

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696417

1. Entity Name

FLORIDA FRESH-PAK CORPORATION

Principal Place of Business

2020 US HIGHWAY 17 SOUTH  
BARTOW FL 33830  
US

Mailing Address

P.O. BOX 2158  
BARTOW FL 33831-2158  
US

2. Principal Place of Business

12010 N.E. HWY 70

3. Mailing Address

12010 N.E. HWY 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA, FLORIDA

City & State

ARCADIA, FLORIDA

4. FEI Number

59-2119756

Applied For

Not Applicable

Zip

34266

Country

US

Zip

34266

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUWELHEIDE, DALE A  
2020 U.S. HWY. 17 SOUTH  
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name JEROME M. NEWLIN

Street Address (P.O. Box Number is Not Acceptable)  
12010 N.E. HWY 70

City ARCADIA,

FL

Zip Code  
34266

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 JEROME M. NEWLIN

9/13/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME MOONEY, GENE  
STREET ADDRESS 2020 US HWY 17 SOUTH  
CITY-ST-ZIP BARTOW FL ☒ Delete

TITLE CD  
NAME GRIFFIN, BEN HILL III  
STREET ADDRESS 700 S ALT HWY 27  
CITY-ST-ZIP FROSTPROOF FL 33843 ☒ Delete

TITLE D  
NAME LESTER, W. BERNARD  
STREET ADDRESS 640 S MAIN ST  
CITY-ST-ZIP LABELLE FL 33935 ☒ Delete

TITLE VSD  
NAME ALEXANDER, JOHN R  
STREET ADDRESS 2020 US HWY 17 SOUTH  
CITY-ST-ZIP BARTOW FL 33830 ☒ Delete

TITLE VTS  
NAME BRUWELHEIDE, DALE A  
STREET ADDRESS 2020 US HWY 17 SOUTH  
CITY-ST-ZIP BARTOW FL 33830 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR/CHAIRMAN ☐ Change ☒ Addition  
NAME DANIEL STERN  
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE DIRECTOR/PRESIDENT ☐ Change ☒ Addition  
NAME CRAIG HUFF  
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE DIRECTOR/EXECUTIVE VP ☐ Change ☒ Addition  
NAME GREGG ZEITLIN  
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE TREASURER ☐ Change ☒ Addition  
NAME SAL DE FRANCO  
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

TITLE SECRETARY ☐ Change ☒ Addition  
NAME CELIA FELSHER  
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ 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 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

9/13/00

Date

Daytime Phone #

CR2E034 (5/00)