

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90016 004 \*\*\*550.00

**DOCUMENT # 696417**

1. Entity Name

**FLORIDA FRESH-PAK CORPORATION**

Principal Place of Business

Mailing Address

12010 NE HWY 70  
ARCADIA FL 34266  
US12010 NE HWY 70  
ARCADIA FL 34266  
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 &amp; State

ARCADIA, FLORIDA

City &amp; State

ARCADIA, FLORIDA

4. FEI Number **59-2119756**

Applied For

Not Applicable

Zip  
34266Country  
USZip  
34266Country  
US5. 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**

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**MOONEY, GENE** ☒ Delete  
**2020 US HWY 17 SOUTH**  
**BARTOW FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD**  
**GRIFFIN, BEN HILL III** ☒ Delete  
**700 S ALT HWY 27**  
**FROSTPROOF FL 33843**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LESTER, W. BERNARD** ☒ Delete  
**640 S MAIN ST**  
**LABELLE FL 33935**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD**  
**ALEXANDER, JOHN R** ☒ Delete  
**2020 US HWY 17 SOUTH**  
**BARTOW FL 33830**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS**  
**BRUWELHEIDE, DALE A** ☒ Delete  
**2020 US HWY 17 SOUTH**  
**BARTOW FL 33830**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR/CHAIRMAN** ☐ Change ☒ Addition  
**DANIEL STERN**  
**650 MADISON AVENUE, 26TH FLOOR**  
**NEW YORK, NY 10022**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR/PRESIDENT** ☐ Change ☒ Addition  
**CRAIG HUFF**  
**650 MADISON AVENUE, 26TH FLOOR**  
**NEW YORK, NY 10022**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR/EXECUTIVE VP** ☐ Change ☒ Addition  
**GREG ZEITLIN**  
**650 MADISON AVENUE, 26TH FLOOR**  
**NEW YORK, NY 10022**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER** ☐ Change ☒ Addition  
**SAL DE FRANCO**  
**650 MADISON AVENUE, 26TH FLOOR**  
**NEW YORK, NY 10022**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY** ☐ Change ☒ Addition  
**CELIA FELSHER**  
**650 MADISON AVENUE, 26TH FLOOR**  
**NEW YORK, NY 10022**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)