

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90200 015 \*\*\*150.00

**DOCUMENT # 696417**

1. Entity Name

**FLORIDA FRESH-PAK CORPORATION**

Principal Place of Business

**12010 NE HWY 70  
 ARCADIA FL 34266  
 US**

Mailing Address

**12010 NE HWY 70  
 ARCADIA FL 34266  
 US**

2. Principal Place of Business

**12010 N.E. HWY 70**

Suite, Apt. #, etc.

3. Mailing Address

**12010 N.E. HWY 70**

Suite, Apt. #, etc.

City & State

**ARCADIA, FLORIDA**

City & State

**ARCADIA, FLORIDA**

4. FEI Number

**59-2119756**

Applied For

Not Applicable

Zip

Country

**34266 USA**

Zip

Country

**34266 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NEWLIN, JEROME M  
 12010 N E HWY 70  
 ARCADIA FL 34266**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete  
 NAME **STERN, DANIEL**  
 STREET ADDRESS **650 MADISON AVE, 26TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DP** ☐ Delete  
 NAME **HUFF, CRAIG**  
 STREET ADDRESS **650 MADISON AVE, 26TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DEVP** ☐ Delete  
 NAME **ZEITLIN, GREG**  
 STREET ADDRESS **650 MADISON AVE, 26TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ Delete  
 NAME **FRANCO, SAL D**  
 STREET ADDRESS **650 MADISON AVE, 26TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **Goldberg, Aaron**  
 STREET ADDRESS **650 Madison Ave., 26th Floor**  
 CITY-ST-ZIP **New York, NY 10022**

TITLE **S** ☐ Delete  
 NAME **FELSHER, CELIA**  
 STREET ADDRESS **650 MADISON AVE, 26TH AVE**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

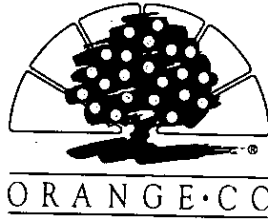
7.15.2002

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # 696417



July 10, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

On April 1, 2002, our accounting staff sent an e-mail to your department to let you know that we did not receive three (3) UBR's that are normally mailed to this address.

In response to this e-mail Darlene was to send us blank ones to complete before the deadline was up. Again on April 30, 2002, an e-mail was forwarded letting you know that our company had not received the blank forms. We then received by mail on the 3<sup>rd</sup> of July the second notices for two (2) of the companies.

We believe we made every attempt to file in a timely manner therefore, we hereby request that the late fees be waived.

Should you have any questions or require any additional information, please give us a call at (863) 494-4939.

Sincerely,

Jerome M. Newlin  
Orange-Co of Florida, Inc.  
V.P. Citrus Production Division

JMN/feb  
Enclosures (2)