

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F56195

1. Entity Name

BELLE HARBOUR GIFT FRUIT COMPANY

Principal Place of Business

Mailing Address

300 SR 17 SOUTH  
LAKE HAMILTON FL 33851

400 N. TAMPA STREET  
SUITE 1700  
TAMPA FL 33602-4716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLINER, NATHANIEL L ESQ.  
C/O CARLTON FIELDS  
777 S. HARBOUR ISLAND BLVD.  
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PEISER, ROBERT A 326 LAKEWOOD DRIVE BLOOMFIELD HILLS MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO LEONARDI, HARRY G 17911 CLEAR LAKE DRIVE LUTZ FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUISSON, LOUIS J 5521 PINNACLE HEIGHTS CIRCLE, APT. 208 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JOHNSON, KIMBERLY S 4514 FERNICROFT CIRCLE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUBICKA, RHIANNON 29 AVENUE B, #6F NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLERIN, CRAIG R 5002 PICKETT CT. TAMPA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LISTING FOR COMPLETE OFFICER/DIRECTOR RECORD	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GARY VILJOEN 13060 SANCTUARY Coves DRIVE Temple Terrace FL 33637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

*K. S. JOHNSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000  
K. S. JOHNSON VP TREASURER 813 273 1444

Date

Daytime Phone #

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90142 043 \*\*\*150.00

906377



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2142728

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

doc# F56195  
Stamp# 906577

**BELLE HARBOUR GIFT FRUIT COMPANY**

400 North Tampa Street  
Tampa FL 3360

**Federal Identification #**  
**59-2142728**

300 SR 17 South  
Lake Hamilton FL 33851

**Date of Incorporation**  
**November 16, 1981**

Document # F56195

**State of Incorporation**  
**Florida**

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<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
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**OFFICERS**

CEO	ROBERT A PEISER	326 Lakewood Drive, Bloomfield Hills MI 48304
VP & CFO	GARY VILJOEN	13060 Sancturary Cove Dr., Temple Terrace FL 33637
VP HR	LOUIS J BOUISSON	5521 Pinnacle Heights Circle, Tampa FL 33624
VP Treasurer	KIMBERLY JOHNSON	4514 Ferncroft Circle, Tampa FL 33629
VP Finance	CRAIG PELLERIN	5002 Pickett Center, Tampa FL 33624
Secretary	RHIANNON KUBICKA	29 Avenue B, New York NY 10009
GM	JOSEPH YOUNGBLOOD	2051 Ryan Way, Winter Haven FL 33884

**DIRECTORS**

ROBERT A PEISER	Lakewood Drive, Bloomfield Hills MI 48304
LOU FOUTS	155 East 34 <sup>th</sup> Street, Apartment 18C, New York NY 10016
GEORGE WILSON	413 North Walter Drive, Plant City FL 33567
JOSEPH YOUNGBLOOD	2051 Ryan Way, Winter Haven FL 33884