

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000146

1. Entity Name

Snapple Beverage Corp.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90048 048 ***150.00

Principal Place of Business Mailing Address
709 Westchester Ave. 709 Westchester Ave.
White Plains, NY 10604 White Plains, NY 10604

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 **04-3149065** 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 South 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P COO	<input type="checkbox"/> Delete
NAME	Ernest J. Cavallo	
STREET ADDRESS	709 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE	D CEO	<input type="checkbox"/> Delete
NAME	Michael F. Weinstein	
STREET ADDRESS	709 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE	V CFO	<input type="checkbox"/> Delete
NAME	Robert Agres	
STREET ADDRESS	709 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE	D	<input type="checkbox"/> Delete
NAME	Brian L. Schorr	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	
TITLE	V S	<input type="checkbox"/> Delete
NAME	Stuart I. Rosen	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	Robert J. Crowe	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: *Robert J. Crowe* Robert J. Crowe, Asst. VP-Taxes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

212-451-3115

Daytime Phone #