

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001793

1. Entity Name  
ODWALLA, INC.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90229 048 \*\*\*150.00

0670800 AB

Principal Place of Business  
120 STONE PINE ROAD  
HALF MOON BAY CA 94019

Mailing Address  
1900 DAVIS DRIVE  
ATTN: LINDA PESI  
DINUBA CA 93618  
US

11034888



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 77-0096788  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, STEPHEN	
STREET ADDRESS	3682 CLAY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STEICHEN, JAMES	
STREET ADDRESS	1143 PIMENTO AVE	
CITY-ST-ZIP	SUNNYVALE CA	
TITLE	VPM	<input checked="" type="checkbox"/> Delete
NAME	LEAMAN, TED	
STREET ADDRESS	5745 W ELOWIN DRIVE	
CITY-ST-ZIP	VISALIA CA 93291	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, LAREN	
STREET ADDRESS	1430 FRANCISCO ST #9	
CITY-ST-ZIP	SAN FRANCISCO CA 94123-2244	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRELKA, LINDA	
STREET ADDRESS	632 E MUIR AVE	
CITY-ST-ZIP	REEDLEY CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KIRMAYER, SUSAN	
STREET ADDRESS	15 TURNBERRY COURT	
CITY-ST-ZIP	HALF MOON BAY CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary P. Fayard	
STREET ADDRESS	One Coca-Cola Plaza NW	
CITY-ST-ZIP	Atlanta, Ga 30313	
TITLE	PI/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn A. Sugarman	
STREET ADDRESS	One Coca-Cola Plaza NW	
CITY-ST-ZIP	Atlanta, GA 30313	
TITLE	VPI General Tax Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve M. Whaley	
STREET ADDRESS	One Coca-Cola Plaza NW	
CITY-ST-ZIP	Atlanta, GA 30313	
TITLE	VPI Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David M. Taggart	
STREET ADDRESS	One Coca-Cola Plaza NW	
CITY-ST-ZIP	Atlanta, GA 30313	
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theodore H. Ghiz, Jr.	
STREET ADDRESS	One Coca-Cola Plaza NW	
CITY-ST-ZIP	Atlanta, GA 30313	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan E. Shaw	
STREET ADDRESS	One Coca-Cola Plaza NW	
CITY-ST-ZIP	Atlanta, GA 30313	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN L. LOCKRIDGE 4/29/03 404-676-8413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)