

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90010 006 ***550.00

DOCUMENT # F99000003195

1. Entity Name
FRESH SAMANTHA, INC.

Principal Place of Business
84 INDUSTRIAL PARK ROAD
SACO ME 04072

Mailing Address
84 INDUSTRIAL PARK ROAD
SACO ME 04072

2. Principal Place of Business

3. Mailing Address

Odwalla, Inc Attn: Linda Post

Suite, Apt. #, etc.

1900 DAVIS DRIVE

City & State

Durham NC

Zip

Country

93618

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0389347**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **LSC Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St
Tallahassee **32301**
 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	CD LEVIN, DOUG 84 INDUSTRIAL PARK ROAD SACO ME 04072	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, MIKE 84 INDUSTRIAL PARK ROAD SACO ME 04072	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, ROBERT 84 INDUSTRIAL PARK ROAD SACO ME 04072	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALSON, ANDREW 2 COPLEY PLACE BOSTON MA 02116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNNELLY, MARK 2 COPLEY PLACE BOSTON MA 02116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOOGINS, MARK K ONE PORTLAND SQUARE PORTLAND ME 04112	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Stephen Williamson 120 Stone Pine Rd Half Moon Bay CA 94019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treasurer (T) James Steichen 120 Stone Pine Road Half Moon Bay CA 94019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (S) Kathrin Rogers 120 Stone Pine Rd Half Moon Bay CA 94019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) Stephen Williamson 120 Stone Pine Rd Half Moon Bay CA 94019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director (D) James Steichen 120 Stone Pine Rd Half Moon Bay CA 94019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NOTARIAL SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-00

Date

(650) 726-1888

Daytime Phone #

CR2E034 (5/00)