

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90092 027 ****61.25

DOCUMENT # N93000003488

1. Entity Name

THE D. GLYNN DAVIES-NATIONAL JUICE PRODUCTS ASSO

(R)

Principal Place of Business

400 N TAMPA ST
SUITE 2300
TAMPA FL 33602
US

Mailing Address

400 N TAMPA STREET
SUITE 2300
TAMPA FL 33602
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3205090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KERR, DAVID C G
MACFARLANE FERGUSON
111 E MADISON ST SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **Ansley Watson, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street, Suite 2300

City **Tampa**

FL

Zip Code
33602

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **FALLER, DON**
STREET ADDRESS **732 RIVERBEND BLVD**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☒ Delete
NAME **FILLIUS, MILTON**
STREET ADDRESS **18163 VICEROY DR**
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **VP** ☒ Delete
NAME **RICE, T. G**
STREET ADDRESS **15000 U.S. HWY. 301**
CITY-ST-ZIP **DADE CITY FL**

TITLE **P** ☐ Delete
NAME **HERNDON, PHILLIP**
STREET ADDRESS **5937 HWY 60 EAST**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **S** ☐ Delete
NAME **LOBUE, PHILIP**
STREET ADDRESS **525 E LINDMORE**
CITY-ST-ZIP **LINDSAY CA**

TITLE **T** ☐ Delete
NAME **ROBINETT, BILL**
STREET ADDRESS **707 N BARRANCA**
CITY-ST-ZIP **COVINA CA**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Elliott Seabrook**
STREET ADDRESS **5937 Hwy 60 East**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **D** ☐ Change ☒ Addition
NAME **Dianne Nury**
STREET ADDRESS **11903 E. Chestnut**
CITY-ST-ZIP **Fresno, CA 93945**

TITLE **VP** ☐ Change ☒ Addition
NAME **Owen Belletto**
STREET ADDRESS **616 Sunkist Street**
CITY-ST-ZIP **Ontario, CA 91761**

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

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

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

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00

863-69

Date

Daytime Phone #

CR2E037 (5/00)