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2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am DOCUMENT # N93000003488 **Secretary of State** 1. Entity Name 07-12-2001 90112 050 ****61.25 THE D. GLYNN DAVIES-NATIONAL JUICE PRODUCTS ASSO Principal Place of Business Mailing Address A0076850 400 N TAMPA STREET 400 N TAMPA ST SUITE 2300 **SUITE 2300** TAMPA FL 33602 **TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3205090 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WATSON, ANSLEY JR 400 N TAMPA ST STE 2300 **TAMPA FL 33602** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SEABROOK, ELLIOTT NAME STREET ADDRESS STREET ADDRESS 5937 HWY 60 EAST CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition ☐ Delete TITLE TITLE NAME NAME NURY, DIANNE STREET ADDRESS STREET ADDRESS 11903 E CHESTNUT CITY-ST-ZIP CITY-ST-ZIP **GRESNO CA 93945** ☐ Addition TITLE VΡ Delete TITLE NAME NAME BELLETTO, OWEN STREET ADDRESS STREET ADDRESS 616 SUNKIST ST CITY-ST-ZIP CITY-ST-ZIP ONTARIO CA 91761 Delete ☐ Change Addition TITI F TITLE James A.Zellner NAME HERNDON, PHILLIP NAME 15000 US 301 STREET ADDRESS STREET ADDRESS 5937 HWY 60 EAST Dade City, FL CITY-ST-7IF 'CITY-ST-ZIP LAKE WALES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LOBUE, PHILIP STREET ADDRESS STREET ADDRESS **525 E LINDMORE** CITY-ST-ZIP CITY-ST-ZIP <u>Lindsay ca</u> Addition Delete Change TITLE TITLE NAME NAME ROBINETT, BILL STREET ADDRESS STREET ADDRESS 707 N BARRANCA CITY-ST-ZIP ale s CITY-ST-ZIP COVINA CA 12. I hereby certify that the information supplied with this filling 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

address, with all other like empowered.

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