

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003846

1. Entity Name

CREATIVE JUICES OF LAKE COUNTY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90480 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

220 N 13TH ST  
LEESBURG FL 34748

220 N 13TH ST  
LEESBURG FL 34748-4962

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

same

City & State

same

City & State

same

Zip

same

Country

same

Zip

same

Country

same

4. FEI Number

FILED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BROCK, SIDNEY  
220 N 13TH ST  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name  
no change

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

**FILE NOW:**  
**FEE IS \$61.25**

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 ☐ Delete  
NAME D  
STREET ADDRESS BROCK, SIDNEY  
CITY-ST-ZIP 220 N 13TH ST  
LEESBURG FL 34748

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DORSEY, ERMA J  
CITY-ST-ZIP 1901 HELMS AVE  
LEESBURG FL 34748

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CONNER, RICC  
CITY-ST-ZIP 1901 HELMS AVE  
LEESBURG FL 34748

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
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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

3/15/2000  
Date

(352) 787-1005  
Daytime Phone #