

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004789

1. Entity Name

THE FLORIDA SUNSHINE POPS, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90003 005 \*\*\*\*61.25

0001

Principal Place of Business

1420 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

Mailing Address

1420 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444-3056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Stahl & Associates PA

Suite, Apt. #, etc.

138 North Swinton Avenue

City & State

Derlay Beach, FL

Zip  
33444

Country

U.S.A.

4. FEI Number

65-0937204

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

FERRER, JOSEPH  
1420 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

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.

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	PD	<input type="checkbox"/> Delete
NAME	FERRER, JOSEPH	
STREET ADDRESS	1420 NORTH SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRIGHT, LISA	
STREET ADDRESS	200 W. PALMETTO PARK RD #301	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALELLO, CHARLES	
STREET ADDRESS	23368 MIRABELLA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVENDISH, TOM	
STREET ADDRESS	12037 N.W. 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYMAN, RICHARD	
STREET ADDRESS	4200 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLY, TINA	
STREET ADDRESS	11300 SUNDANCE LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/07/2000

561-265-2229

Date

Daytime Phone #

CR2E037 (9/99)