

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000007037**1. Entity Name
AMERICAN FRESH JUICE COUNCIL, INC.

Principal Place of Business 90000 FOX VALEY DRIVE STE 204 LONGWOOD FL 32779	Mailing Address 90000 FOX VALEY DRIVE STE 204 LONGWOOD FL 32779
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2. Principal Place of Business 900 FOX VALLEY DRIVE STE 204	3. Mailing Address 900 FOX VALLEY DRIVE STE 204
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LONGWOOD FL	City & State LONGWOOD FL
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Zip 32779	Country	Zip 32779	Country
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4. FEI Number 86-0923103	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MONAHAN THOMAS A C/O CERTIFIED ASSOCIATION MANAGEMENT CO. 900 FOX VALEY DRIVE STE 204 LONGWOOD FL 32779 US	7. Name and Address of New Registered Agent Name MONAHAN THOMAS A Street Address (P.O. Box Number is Not Acceptable) C/O CERTIFIED ASSOCIATION MANAGEMENT CO. 900 FOX VALLEY DRIVE STE 204 City LONGWOOD FL Zip Code 32779
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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 **03/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINELLI JOHN 330 US HWY 1 FORT PIERCE FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAIRES PETER 521 NORTH KIRKMAN ROAD ORLANDO FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAHAN THOMAS A 900 FOX VALLEY DRIVE SUITE 204 LONGWOOD FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **THOMAS A. MONAHAN** D 03/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)