

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90101 012 \*\*\*\*70.00  
 09-17-2002 90104 038 \*\*\*\*61.25

**DOCUMENT # N99000007037**

1. Entity Name

**AMERICAN FRESH JUICE COUNCIL, INC.**

Principal Place of Business

900 FOX VALLEY DRIVE STE 204  
 LONGWOOD FL 32779

Mailing Address

900 FOX VALLEY DRIVE STE 204  
 LONGWOOD FL 32779

2. Principal Place of Business

4600 Linton Blvd.

3. Mailing Address

4600 Linton Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Delray Beach, Fl.

City & State  
 Delray Beach, Fl.

4. FEI Number **86-0923103**

Applied For  
 Not Applicable

Zip  
 33445

Country  
 USA

Zip  
 33445

Country  
 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONAHAN, THOMAS A  
 C/O CERTIFIED ASSOCIATION MANAGEMENT CO.  
 900 FOX VALLEY DRIVE STE 204  
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name  
**Carol M. Stanley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**29 NE 4th Ave.**  
 City  
**Delray Beach** **FL** Zip Code  
**33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carol M. Stanley*

9-11-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MONAHAN, THOMAS A**  
**900 FOX VALLEY DRIVE SUITE 204**  
**LONGWOOD FL 32779** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**CHAIRES, PETER**  
**521 NORTH KIRKMAN ROAD**  
**ORLANDO FL 32808** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MARTINELLI, JOHN**  
**330 US HWY 1**  
**FORT PIERCE FL 34950** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D.**  
**Blood, James D.**  
**1027 Lewis Cove**  
**Delray Beach, Fl. 33483** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**457 Cardinal Oaks Circle**  
**Lake Mary, Fl. 32746**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**Duran, John**  
**6117 Laerence Road**  
**Lantana, Fl. 33462** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D.**  
**Severs, Joe**  
**1542 US Highway 19 North**  
**Holiday, Fl. 34691** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D.**  
**Nicely, Dave**  
**14810 Metro Parkway**  
**Ft. Myers, Fl. 33912** ☐ Change ☐ Addition

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*

5/11/02

(561) 498-5001

CR2E037 (4/02)