

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035253

1. Entity Name

GRIGSBY FAMILY JUICE PRODUCTS, INC.

Principal Place of Business

4101 SR 70TH EAST
LAKE PLACID FL 33862
US

Mailing Address

P.O. BOX 985
LAKE PLACID FL 33802
US

2. Principal Place of Business

1511 US 27 SOUTH

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

Zip Country

33852 33862

4. FEI Number

65-0410241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIGSBY, RONALD
4101 SR 70 EAST
LAKE PLACID FL 33801

7. Name and Address of New Registered Agent

Name RONALD P. GRIGSBY

Street Address (P.O. Box Number is Not Acceptable)

1511 US 27 SOUTH

City LAKE PLACID

FL

Zip Code

33852

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

Ronald Grigsby

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

(NOTE: Registered Agent signature required when reinstating)

4-11-01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVSD
NAME GRIGSBY, RONALD
STREET ADDRESS 4101 SR 70 EAST
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Grigsby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

863-465-4455

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90085 037 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)