

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071434

1. Entity Name

FLORIDA JUICE, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90006 040 ***150.00

Principal Place of Business

Mailing Address

4100 S. FRONTAGE ROAD
LAKELAND FL 33801

P.O. BOX 3628
LAKELAND FL 33802-3628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3269806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIGSBY, RONALD P
4100 S. FRONTAGE ROAD
LAKELAND FL 33801

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GRIGSBY, RONALD P.
STREET ADDRESS 4100 S. FRONTAGE RD.
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ESTES, CODY
STREET ADDRESS 3705 20TH STREEDT
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CRANDOCK, F. HOOD
STREET ADDRESS P.O. BOX 158
CITY-ST-ZIP FROSTPROOF FL 33843 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME KELLEY, E. W.
STREET ADDRESS 36 SOUTH PENNSYLVAIN, SUITE 550
CITY-ST-ZIP INDIANAPOLIS IN 46204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SV
NAME CHAMBERS, JOHN P
STREET ADDRESS 4100 S. PRONTAGE ROAD
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROGERS, JAMES
STREET ADDRESS POST OFFICE BOX 12969
CITY-ST-ZIP FT. PIERCE FL 34979 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2000

(941)
616-6221

CR2E034 (9/99)