

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 16, 2000 08:00 AM**
Secretary of State**DOCUMENT # P95000058550****1. Entity Name**

THE FRESH JUICE COMPANY OF FLORIDA, INC.

Principal Place of Business

1000 AMERICAN SUPERIOR BLVD.

WINTER HAVEN
33884

FL

Mailing Address

1000 AMERICAN SUPERIOR BLVD.

WINTER HAVEN
33884

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3326045**

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 AgentHENERSON GAYLE
1000 AMERICAN SUPERIOR BLVD.WINTER HAVEN
33880

FL

US

7. Name and Address of New Registered Agent

Name

FONZI IRENE

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

7500 COQUINA DRIVE

City

NORTH BAY VILLAGE

FL

Zip Code
33141**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 **IRENE FONZI**

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

(NOTE: Registered Agent signature required when reinstating)

06/16/2000

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**TITLE D ☒ Delete
NAME HEAVIRLAND JEFFREY
STREET ADDRESS 1 GLEN IRIS
CITY-ST-ZIP DOVE CANYON CA 92679TITLE D ☒ Delete
NAME COX BARRY
STREET ADDRESS 880 BOWLINE DR
CITY-ST-ZIP VERONA BEACH FL 32963TITLE D ☐ Delete
NAME TOBOROFF LENNY
STREET ADDRESS 780 3RD AVE, 40TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017TITLE CFO ☐ Delete
NAME HENDERSON GAYLE
STREET ADDRESS 2 WINDING ROAD
CITY-ST-ZIP DELMAR NYTITLE COO ☐ Delete
NAME MADKOUR ADAM
STREET ADDRESS ONE BUFF ROAD
CITY-ST-ZIP SARATOGA SPRINGS NY 12866TITLE PCEO ☐ Delete
NAME PREVER ROBIN
STREET ADDRESS 4301 N OCEAN BLVD, A1703
CITY-ST-ZIP BOCA RATON FL 33431**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☒ Change ☐ Addition
NAME FONZI IRENE
STREET ADDRESS 7500 COQUINA DRIVE
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141TITLE T ☒ Change ☐ Addition
NAME JAMES KIM
STREET ADDRESS 6545 CREWS LAKE HILLS LOOP -W
CITY-ST-ZIP LAKELAND FL 33813TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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: Kim James

T 06/16/2000