

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049516

1. Entity Name

FLORIDA JUICE MARKETERS, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90104 041 \*\*\*150.00

Principal Place of Business

2000 N KINGS HWY  
FT PIERCE FL 34951  
US

Mailing Address

P O BOX 670  
FT PIERCE FL 34954-0670  
US

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

65-0766695

Applied For

Not Applicable

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

MINTON, SR J  
2000 N KINGS HWY  
FT PIERCE FL 34951

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	KELLEY, ESTEL W	NAME	
STREET ADDRESS	131 WODEN WY SE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	DAVIS, JR J	NAME	
STREET ADDRESS	2306 US 27 S	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	MINTON, SR J	NAME	
STREET ADDRESS	2000 N KINGS HWY	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00

561-464-3502

CR2E034 (9/99)