

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90107 007 ***150.00

DOCUMENT # 354576

1. Entity Name

BACARDI BOTTLING CORPORATION

Principal Place of Business

Mailing Address

12200 N. MAIN AND I 295
 JACKSONVILLE FL 32218

P. O. BOX 26368
 JACKSONVILLE FL 32226-6368
 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 **59-1295645**

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 Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	V	<input type="checkbox"/> Delete
NAME	CAUTHEN, CHARLES	
STREET ADDRESS	2460 ELBOW ROAD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, FELIPE	
STREET ADDRESS	13210 S. BIGGIN CHURCH RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, FREDRICK I	
STREET ADDRESS	2100 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMANACH, BENITO	
STREET ADDRESS	834 SHIPWATCH DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DEHECHAVARRIA, LUIS	
STREET ADDRESS	8087 SUMMIT RIDGE LN	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SICAUTHEN CAUTHEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/6/00 Daytime Phone #: (904) 757-1295

CR2E034 (9/99)