

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90027 041 \*\*\*150.00

**DOCUMENT # 354576**

1. Entity Name  
**BACARDI BOTTLING CORPORATION**

Principal Place of Business  
**12200 N. MAIN AND I 295**  
**JACKSONVILLE FL 32218**

Mailing Address  
**P. O. BOX 26368**  
**JACKSONVILLE FL 32226**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1295645</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>V</b>	NAME	<b>CAUTHEN, CHARLES</b>	TITLE		NAME	
STREET ADDRESS	<b>2460 ELBOW ROAD</b>	STREET ADDRESS	<b>2460 ELBOW ROAD</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	CITY-ST-ZIP	<b>ORANGE PARK FL</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VD</b>	NAME	<b>LOPEZ, FELIPE</b>	TITLE		NAME	
STREET ADDRESS	<b>13210 S. BIGGIN CHURCH RD.</b>	STREET ADDRESS	<b>13210 S. BIGGIN CHURCH RD.</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>S</b>	NAME	<b>WILSON, FREDRICK I</b>	TITLE		NAME	
STREET ADDRESS	<b>2100 BISCAYNE BLVD.</b>	STREET ADDRESS	<b>2100 BISCAYNE BLVD.</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>PD</b>	NAME	<b>ROMANACH, BENITO</b>	TITLE		NAME	
STREET ADDRESS	<b>834 SHIPWATCH DR. E.</b>	STREET ADDRESS	<b>834 SHIPWATCH DR. E.</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>DC</b>	NAME	<b>DEHECHAVARRIA, LUIS</b>	TITLE		NAME	
STREET ADDRESS	<b>8087 SUMMIT RIDGE LN</b>	STREET ADDRESS	<b>8087 SUMMIT RIDGE LN</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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: G. Charles Cauthen / G. Charles Cauthen Date: 3/15/02 Daytime Phone #: 904-757-1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)