

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90107 049 ****61.25

DOCUMENT # 734611

1. Entity Name

FLORIDA TOBACCO & CANDY ASSOCIATION, INC.

Principal Place of Business

217 SOUTH ADAMS ST.
 TALLAHASSEE FL 32301-1708
 US

Mailing Address

217 SOUTH ADAMS ST.
 TALLAHASSEE FL 32301-1708
 US

2. Principal Place of Business

217 HOBBS ST.

3. Mailing Address

217 HOBBS ST.

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

SUITE 105

City & State

TAMPA, FL.

City & State

TAMPA, FL

Zip

33619

Country

US

Zip

33619

Country

US

4. FEI Number

59-1733725

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

WRIGHT, WILSON W
 217 SOUTH ADAMS STREET
 TALLAHASSEE FL 32301-1708

7. Name and Address of New Registered Agent

Name: **HOLLIWAY, WILLIAM E.**
 Street Address (P.O. Box Number is Not Acceptable): **217 HOBBS ST.**
 Suite, Apt. #, etc.: **SUITE 105**
 City: **TAMPA** FL Zip Code: **33619**

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

William E. Holliday (Signature) *William E. Holliday* (Registered Agent Signature) **1/21/01** (DATE)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSTENDORF, ROBERT 3580 NW 119TH ST MIAMI FL 33167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PITTMAN, DAVID 1616 NORTH DIXIE HIGHWAY W PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCIS, ROY 2729 HANSROB RD ORLANDO FL 32804-3312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, SHAWN 2900 SMITH ROAD MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, KENT PO BOX 260309 TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, ROY 2729 HANSROB RD ORLANDO FL 32804-3312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUEZ, FRANK 9301 SOLAR DRIVE TAMPA, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTIEL, JACK 1913 US HWY 301 NORTH TAMPA, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, THOMAS 7175 NORTH WICKHAM RD ORLANDO, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZARD, JOHN P.O. BOX 522410 LODOWOOD, FL 32752	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSON, CARL P.O. BOX 198 BOULEVARD, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Holliday (Signature) **1/21/01** (Date) **(813)657-3304** (Daytime Phone #)

CR2E037 (10/00)