

# 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.**

Suite, Apt. #, etc.

**SUITE 105**

City & State

**TAMPA, FL**

Zip

**33619**

Country

**US**

3. Mailing Address

**217 HOBBS ST.**

Suite, Apt. #, etc.

**SUITE 105**

City & State

**TAMPA, FL**

Zip

**33619**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1733725**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 **HOLLISWAY, WILLIAM E.**

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

**217 HOBBS ST.**

**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. Hollisway**

*[Signature]*

**1/21/01**

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>PD OSTENDORF, ROBERT 3580 NW 119TH ST MIAMI FL 33167</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD PITTMAN, DAVID 1616 NORTH DIXIE HIGHWAY W PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FRANCIS, ROY 2729 HANSROB RD ORLANDO FL 32804-3312</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHNEIDER, SHAWN 2900 SMITH ROAD MELBOURNE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLS, KENT PO BOX 260309 TAMPA FL</b>	<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	<b>PD FRANCIS, ROY 2729 HANSROB RD ORLANDO FL 32804-3312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARQUEZ, FRANK 9301 SOLAR DRIVE TAMPA, FL 33619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MONTIEL, JACK 1913 US HWY 301 NORTH TAMPA, FL 33619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHNEIDER, THOMAS 7175 NORTH WICKHAM RD ORLANDO, FL 32940</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAZARD, JOHN P.O. BOX 522410 LODOWOOD, FL 32752</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLESON, CARL P.O. BOX 198 BOULEVARD, FL 33430</b>	<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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/01**

**(813) 657-3304**

CR2E037 (10/00)