

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004680

1. Entity Name

CAROLINA BREWING GROUP, INC.

**FILED**  
00 SEP 29 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

266 WEST COLEMAN BLVD., SUITE 205  
MT. PLEASANT SC 29464

Mailing Address

266 WEST COLEMAN BLVD., SUITE 205  
MT. PLEASANT SC 29464

2. Principal Place of Business

2016 Euclid Ave  
Suite, Apt. #, etc.

3. Mailing Address

2016 Euclid Ave  
Suite, Apt. #, etc.

City & State

Charlotte NC

City & State

Charlotte, NC

4. FEI Number

56-1900211

Applied For

Not Applicable

Zip

28203

Country

USA

Zip

28203

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEJIA, ANGEL J  
2 WEST INDEPENDENT DRIVE, SUITE #176  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

600003419966-5

10/10/00-01011-001

\*\*\*750.00 \*\*\*750.00

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

*[Handwritten Signature]* 9/26/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RYAN, JOSEPH	266 WEST COLEMAN BLVD., SUITE 205	MT. PLEASANT SC 29464	<input type="checkbox"/>
V	ATKINS, HENRY	266 WEST COLEMAN BLVD., SUITE 205	MT. PLEASANT SC 29464	<input type="checkbox"/>
S	SALAMONE, MICHAEL	266 WEST COLEMAN BLVD., SUITE 205	MT. PLEASANT SC 29464	<input type="checkbox"/>
T	JONES, J. KEITH	266 WEST COLEMAN BLVD., SUITE 205	MT. PLEASANT SC 29464	<input type="checkbox"/>
CD	NAHKUNST, MICHAEL	266 WEST COLEMAN BLVD., SUITE 205	MT. PLEASANT SC 29464	<input type="checkbox"/>
D	PALAMAND, S. RAO	266 WEST COLEMAN BLVD., SUITE 205	MT. PLEASANT SC 29464	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2016 Euclid Ave	Charlotte, NC 28203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2016 Euclid Ave	Charlotte, NC 28203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2016 Euclid Ave	Charlotte, NC 28203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2016 Euclid Ave	Charlotte, NC 28203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2016 Euclid Ave	Charlotte, NC 28203	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

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

9/26/00  
Date

(704) 377-4605  
Daytime Phone #

**REINSTATEMENT** *[Handwritten Mark]*

CB0903175/00