

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 020 ***550.00

DOCUMENT # **H59796**

1. Entity Name
ORANGE-CO DISPENSER SERVICES, INC.

Principal Place of Business
**2020 U.S. HWY. 17 SOUTH
 BARTOW FL 33830
 US**

Mailing Address
**P.O. BOX 2158
 BARTOW FL 33831-2158
 US**

2. Principal Place of Business
12010 N.E. HWY 70
 Suite, Apt. #, etc.

3. Mailing Address
12010 N.E. HWY 70
 Suite, Apt. #, etc.

City & State
ARCADIA, FLORIDA

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ARCADIA, FLORIDA

4. FEI Number **59-2639355**

Applied For
 Not Applicable

Zip **34266** Country **US**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALEXANDER, JOHN R
 2020 U.S. HWY. 17 SOUTH
 BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name **JEROME M. NEWLIN**
 Street Address (P.O. Box Number is Not Acceptable)
12010 N.E. HWY 70
 City **ARCADIA, FL** Zip Code **34266**

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 **JEROME M. NEWLIN**

DATE **9/13/00**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **MOONEY, GENE**
 STREET ADDRESS **2020 US HWY 17 SOUTH**
 CITY-ST-ZIP **BARTOW FL**

TITLE **DIRECTOR/CHAIRMAN** Change Addition
 NAME **DANIEL STERN**
 STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **CD** Delete
 NAME **GRIFFIN, BEN HILL III**
 STREET ADDRESS **700 S ALT. HWY. 27**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **DIRECTOR/PRESIDENT** Change Addition
 NAME **CRAIG HUFF**
 STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **D** Delete
 NAME **LESTER, W. BERNARD**
 STREET ADDRESS **640 S MAIN ST.**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **DIRECTOR/EXECUTIVE VP** Change Addition
 NAME **GREGG ZEITLIN**
 STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **VSD** Delete
 NAME **ALEXANDER, JOHN R**
 STREET ADDRESS **2020 U.S. HWY. 17 SOUTH**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TREASURER** Change Addition
 NAME **SAL DE FRANCO**
 STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **VTS** Delete
 NAME **BRUWELHEIDE, DALE A**
 STREET ADDRESS **2020 U.S. HWY. 17 SOUTH**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **SECRETARY** Change Addition
 NAME **CELIA FELSHER**
 STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00
 Date

Daytime Phone #

CR2E034 (5/00)