

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008377 AF

00 MAY 30 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007247

1. Entity Name
APPALACHIAN CORKSCREW, LLC

Principal Place of Business 12734 KENWOOD LANE, SUITE 35 FORT MYERS FL 33907	Mailing Address 12734 KENWOOD LANE, SUITE 35 FORT MYERS FL 33907-5639
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CARROLL, JAMES P~~
12734 KENWOOD LANE, SUITE 35
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	President MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Louis S. Beck
CITY-ST-ZIP	8534 E. Kemper Road Cincinnati, OH 45249-1709
TITLE NAME	Vice President MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Haskel Ayers
CITY-ST-ZIP	Post Office Box 1467 Lafollette, TN 37766
TITLE NAME	Vice President MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Glen E. Van Slyke, Jr.
CITY-ST-ZIP	9803 Clear Lake Circle Naples, FL 34101
TITLE NAME	Vice-President MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Jack Amar
CITY-ST-ZIP	4825 Griffin Drive Fort Myers, FL 33908
TITLE NAME	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	James P. Carroll, MGRM
CITY-ST-ZIP	12734 Kenwood Lane, Suite #35 Fort Myers, FL 33907
TITLE NAME	Treasurer MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Harry Yeaggy
CITY-ST-ZIP	8534 E. Kemper Road Cincinnati, OH 45249-1709

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James P. Carroll* **SIGNATURE REQUIRED**

DATE _____ DAYTIME PHONE # _____

CR2E083 (9/99)