

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001106

1. Entity Name

CAROLINA MICROBREW, LLC

FILED

00 SEP 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

266 W COLEMAN BLVD
SUITE 205
MY PLEASANT SC 29464

Mailing Address

266 W COLEMAN BLVD
SUITE 205
MY PLEASANT SC 29464

2. Principal Place of Business

2016 Euclid Ave

3. Mailing Address

2016 Euclid Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

4. FEI Number

56-1957960

Applied For

Not Applicable

Zip

28203

Country

USA

Zip

28203

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEJE, ANGEL J
2 INDEPENDENT DRIVE
SUITE 223
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

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

9/26/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME JONES, J. KEITH
STREET ADDRESS 266 W COLEMAN BLVD SUITE 205
CITY-ST-ZIP MY PLEASANT SC 29464

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME RYAN, JOSEPH J.
STREET ADDRESS 2016 Euclid Ave.
CITY-ST-ZIP Charlotte, NC 28203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/26/00

(704) 377-4605

CR2E083 (5/00)