

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90005 006 \*\*\*150.00

**DOCUMENT # P95000062330**

1. Entity Name  
**BILTONG USA, INC.**

Principal Place of Business      Mailing Address  
**1100 PARK CENTRAL BLVD. SOUTH STE 1700**      **7321 WINNINGTON CIR.**  
**CHARLOTTE NC 28226**      **CHARLOTTE NC 28226-2968**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3262 SMITH FARM ROAD**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      City & State

City & State  
**STALLINGS, NORTH CAROLINA**

4. FEI Number      Applied For  
**65-0603982**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GREEN, JODI B P.A.**  
**1499 WEST PALMETO PARK RD.**  
**BOCA RATON FL 33486**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOUBERT, DAWID</b> <b>7821 WINNINGTON CIR</b> <b>CHARLOTTE NC 28226</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOUBERT, JOSUA J F</b> <b>3262 SMITH FARM RD</b> <b>STALLINGS NC 28105</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOSUA J. F. JOUBERT</b> <b>3262 SMITH FARM ROAD</b> <b>STALLINGS, NC 28104</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CIVIN, STANLEY K</b> <b>10382 BUENA VENTURA DR</b> <b>BOCA RATON FL 33498</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STANLEY K. CIVIN</b> <b>10382 BUENA VENTURA DRIVE</b> <b>BOCA RATON, FL 33498</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAYMOND CHURCHILL</b> <b>12508 OLD MONROE ROAD</b> <b>MATTHEWS, NC 28105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOSUA J. F. JOUBERT**      **JOSUA J. F. JOUBERT, PRESIDENT 1-7-2000 (704) 821-9929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E034 (9/99)