

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90015 048 \*\*\*158.75

**DOCUMENT # V09859**

1. Entity Name

**PANGLEHEIMERS BEVERAGES, INC.**

A0035203



DO NOT WRITE IN THIS SPACE

Principal Place of Business PT 100 BLDG 100 E. SYBELIA AVE SUITE 375 MAITLAND FL 32751 US	Mailing Address 2900 WESTERWOOD DR CHARLOTTE NC 28214-2545 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-3132262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MYERS, DONALD A JR.**  
**POINT 100 BLDG**  
**100 E. SYBELIA AVE. SUITE 375**  
**MAITLAND FL 32751**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PANGLE, J DAVID</b>	
STREET ADDRESS <b>2900 WESTERWOOD DR</b>	
CITY-ST-ZIP <b>CHARLOTTE NC 28214</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MYERS, DONALD A JR.</b>	
STREET ADDRESS <b>110 AMERICA STREET</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	
TITLE <b>EVP</b>	<input type="checkbox"/> Delete
NAME <b>PANGLE, ANTHONY D.</b>	
STREET ADDRESS <b>2900 WESTERWOOD DR</b>	
CITY-ST-ZIP <b>CHARLOTTE NC 28214</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete
NAME <b>CUMMINS, JIM</b>	
STREET ADDRESS <b>798 CLEARLAKE RD</b>	
CITY-ST-ZIP <b>COCOA FL 32922</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>TTHORNTON, ROBERT</b>	
STREET ADDRESS <b>630 KILLARNEY BAY CT</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Myers, Donald A. Jr</b>	
STREET ADDRESS <b>Pt 100 Bldg</b>	
CITY-ST-ZIP <b>100 E Sybelia Ave. Suite 375 Maitland, FL 32751</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: J. David Pangle Date: 4-3-00 Daytime Phone #: 704 395-0079

CR2E034 (9/99)