

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90313 004 \*\*\*158.75

0444258

DOCUMENT # **V09859**

1. Entity Name  
**PANGLEHEIMERS BEVERAGES, INC.**

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  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3132262**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **CEO**  Delete  
 NAME **PANGLE, J DAVID**  
 STREET ADDRESS **2900 WESTERWOOD DR**  
 CITY-ST-ZIP **CHARLOTTE NC 28214**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **MYERS, DONALD A JR.**  
 STREET ADDRESS **100 E SYBELLO AVE STE 375**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EVP**  Delete  
 NAME **PANGLE, ANTHONY D.**  
 STREET ADDRESS **2900 WESTERWOOD DR**  
 CITY-ST-ZIP **CHARLOTTE NC 28214**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPS**  Delete  
 NAME **CUMMINS, JIM**  
 STREET ADDRESS **798 CLEARLAKE RD**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~SR~~  Delete  
 NAME **THORNTON, ROBERT**  
 STREET ADDRESS **630 KILLARNEY BAY CT**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **Vice-President, Technical**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Secretary/Treasurer**  Delete  
 NAME **Chris Ervin**  
 STREET ADDRESS **4614 Ranchway Ln**  
 CITY-ST-ZIP **CONCORD, NC 28027**

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: J. David Pangle **J. David Pangle CEO** 4-27-01 (704) 395-0079  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)