

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 105432**

1. Entity Name

PEPSI-COLA BOTTLING COMPANY OF FT. LAUDERDALE-PA

Principal Place of Business

Mailing Address

**7305 GARDEN ROAD
RIVIERA BEACH FL 33404****C/O CENTRAL INVESTMENT CORP
PO BOX 42670
CINCINNATI OH 45242-0670
US**

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 **59-0389260**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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	P	<input type="checkbox"/> Delete
NAME	ZAPATA, ANGEL M	
STREET ADDRESS	821 CLUB DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, REX E	
STREET ADDRESS	323 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, R H	
STREET ADDRESS	5 SPRING KNOLL DR	
CITY-ST-ZIP	CINCINNATI OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	CAUDILL, RICHARD W	
STREET ADDRESS	2 BANCHORY CT	
CITY-ST-ZIP	PALM BCH GARDENS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Delete
NAME	KOONS, J.F., III	
STREET ADDRESS	8320 CAROLINE'S TRACE	
CITY-ST-ZIP	CINCINNATI OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input type="checkbox"/> Delete
NAME	SHELL, KEVEN E.	
STREET ADDRESS	724 YALE AVENUE	
CITY-ST-ZIP	TERRACE PARK, OH	

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shell, Keven E.	
STREET ADDRESS	724 Yale Avenue	
CITY-ST-ZIP	Terrace Park, OH	

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:*William P. Martin II***William P. Martin II, Treasurer 2/1/00 513-563-47**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90007 027 ***158.75

CUU2U374

DO NOT WRITE IN THIS SPACE