

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002403

1. Entity Name

D.G. YUENGLING AND SON, INCORPORATED

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90002 040 ***550.00

Principal Place of Business

501 MAHANTONGO STREET
POTTSVILLE PA 17901

Mailing Address

501 MAHANTONGO STREET
POTTSVILLE PA 17901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-1244850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHIVERS, OLIN G ESQ.
201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME YUENGLING, RICHARD L JR.
STREET ADDRESS 501 MAHANTONGO STREET
CITY-ST-ZIP POTTSVILLE PA 17901 ☐ Delete

TITLE S
NAME YUENGLING, JENNIFER
STREET ADDRESS 501 MAHANTONGO STREET
CITY-ST-ZIP POTTSVILLE PA 17901 ☐ Delete

TITLE T
NAME YUENGLING, DEBORAH M
STREET ADDRESS 501 MAHANTONGO STREET
CITY-ST-ZIP POTTSVILLE PA 17901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME YUENGLING - FRANQUET, JENNIFER
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME YUENGLING - FERHAT, DEBORAH
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2000

Date

570-622-4141

Daytime Phone #