2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 306646

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

Principal Place of Business

ANTHONY'S LIQUORS, INC

| rrab SOUTH D | | 3041 WESTCHESTER AVE ORLANDO FL 32803-1058 US | | | | I INDIAN ANNI KANA BININ BISH BININ ANI ANI ANI ANI | Okali asam alak | 1 B1841 3884 | |
|---|--|--|------------------------|--|---|--|-----------------|----------------------------|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address | | | | | | | |
| | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | <u> </u> | 4. F | . FEI Number 59-1146919 | | plied For t Applicable | |
| Zip Country | | Zip Count | | ту | | | | 8.75 Additional e Required | |
| | 6. Name and Address of Current F | gistered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| MERCERDERS, MURRELL | | | | Name | | | | | |
| ONE | | Street Address | | ss (P.O. Box Number is Not Acceptable) | | | | | |
| ORL | ANDO FL 32801 | | | City | | | Zip Code | | |
| | | | | City FL Zip Code | | | | | |
| Tax filing i | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | | | 10. Election Campaign Financing Trust Fund Contribution. | | D May Be to Fees | |
| 11. | OFFICERS AND D | <u> </u> | 12. | | | DITIONS/CHANGES TO OFFICERS AND I | DIRECTORS | : IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MURRELL, M.L. 3041 WESTCHESTER AVE. ORLANDO FL | ☐ Delete | TITLE NAME STREE | T ADDRESS T | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | 1 | T ADDRESS ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | - | | ☐ Change | ☐ Addition | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ 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 suppowered.

MERCERDERS MIRRELL.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

Delete

MERCERDEES MURRELL

2/25/00 PRESIDENT

407-898-6703

Daytime Phone #

☐ Change

Change

Addition

☐ Addition

FILED

Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90118 041 ***150.00