

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 476630

1. Entity Name

PANAMA BEVERAGE COMPANY

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90084 031 ***150.00

Principal Place of Business

Mailing Address

% ROBERT M. GANS
927 MULBERRY AVE. P O BOX 438
PANAMA CITY FL 32401-2558

% ROBERT M. GANS
927 MULBERRY AVE. P O BOX 438
PANAMA CITY FL 32401-2558

2. Principal Place of Business

7227 EMERSON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7227 EMERSON DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

4. FEI Number

59-1595372

Applied For

Not Applicable

Zip

32408

Country

USA

Zip

32408

Country

USA

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

GANS, ROBERT M.
927 MULBERRY AVE.
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

7227 EMERSON DRIVE

City

PANAMA CITY

FL

Zip Code

32401

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	PD	<input type="checkbox"/> Delete
NAME	GANS, ROBERT M.	
STREET ADDRESS	927 MULBERRY AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, GARY L	
STREET ADDRESS	927 MULBERRY AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7227 EMERSON DRIVE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ROBERT M. GANS, PRES
SIGNATURE

Date

4-27-00

Daytime Phone #

850-866-5555

CR2E034 (9/99)