2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 01, 2001 8:00 am
Secretary of State
02-01-2001 90119 038 ****61.25

DOCUMENT # 715729

1. Entity Name

DISTILLED SPIRTS WHOLESALERS OF FLORIDA EDUCATIO

Principal Place of Business	Mailing Address
215 S MONROE ST STE 800-A TALLAHASSEE FL 32301 US	215 S MONROE ST STE 800-A TALLAHASSEE FL 32301 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
Zip / Country	Zip / Country

4. FEI Number 23-7002435 ☐ 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
ASHLEY, EDWARD B. 102 1/2 S MONROE ST TALLAHASSEE FL 32301	Name: Ashley, Scott T. Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe St 800-A City: Tallahassee FL Zip Code: 32301

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: Scott T. Ashley, President — January 30, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ASHLEY, EDWARD B. 102 1/2 S MONROE ST TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Trustee Ashley, Scott T. 215 S. Monroe St., 800-A Tallahassee, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISSES, ANDREW M 805 THIRD AVENUE NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVOLIO, JOSEPH 3700 COMMERA BLVD MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1/29/01 — 850.681.8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #