

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741918

1. Entity Name

THE M-T BOTTLE COLLECTORS ASSOCIATION, INC

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90059 012 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 1581 DELAND FL 32721		Mailing Address P.O. BOX 1581 DELAND FL 32721-1581	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2780326		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENTON, CHARLES O 1200 JACOBS RD DELAND FL 32724		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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	T BENTON, CHARLES O 1200 JACOBS RD DELAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENTON, FREDA V. 1200 JACOBS RD. DELAND, FL 32724 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DEANE 203 E. RICH AVE. DELAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLASCH, MAUREEN 7 MONROE AVE. DEBARY, FL 32713 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRIGGERS, WADE 37303 WALKER CEMETARY RD EUSTIS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANCRAZ, PASCAL 2616 HARTWELL AVE. SANFORD, FL 32773 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREGGORS, WILLIAM J 1148 W. EUCLID AVE. DELAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, WHITEY 1811 PALOMA AVE SANFORD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, GEORGE C. 2656 GRANDVIEW AVE. SANFORD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Charles O. Benton* **CHARLES O. BENTON** **APRIL 3, 2000** (904) 734-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #