

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741918

1. Entity Name

THE M-T BOTTLE COLLECTORS ASSOCIATION, INC

Principal Place of Business

P.O. BOX 1581  
DELAND FL 32721

Mailing Address

P.O. BOX 1581  
DELAND FL 32721

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

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

TITLE T ☒ Delete  
NAME BENTON, FRED A V  
STREET ADDRESS 1200 JACOBS RD  
CITY-ST-ZIP DELAND FL 32724

TITLE P ☒ Delete  
NAME PALLASCH, MAUREEN  
STREET ADDRESS 7 MONROE AVE  
CITY-ST-ZIP DEBARY FL 32713

TITLE S ☐ Delete  
NAME PANCRATZ, PASCAL  
STREET ADDRESS 2616 HARTWELL AVE  
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☐ Delete  
NAME DREGGORS, WILLIAM J  
STREET ADDRESS 1148 W. EUCLID AVE.  
CITY-ST-ZIP DELAND FL

TITLE D ☐ Delete  
NAME MCMILLAN, WHITEY  
STREET ADDRESS 1811 PALOMA AVE  
CITY-ST-ZIP SANFORD FL

TITLE D ☐ Delete  
NAME SCOTT, GEORGE C.  
STREET ADDRESS 2656 GRANDVIEW AVE.  
CITY-ST-ZIP SANFORD FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☒ Change ☐ Addition  
NAME PALLASCH, MAUREEN  
STREET ADDRESS 7 MONROE AVE.  
CITY-ST-ZIP DEBARY, FL 32713

TITLE PRESIDENT ☒ Change ☒ Addition  
NAME ROGER RADECK  
STREET ADDRESS 1570 HUMPHREY BLVD  
CITY-ST-ZIP DELTONA FL 32728

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90058 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2780326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)

(401) 668-4538

1-31-01