

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816378

1. Entity Name

NATIONAL DISTRIBUTING COMPANY INC

Principal Place of Business

Mailing Address

ONE NATIONAL DRIVE, S.W.  
P.O.BOX 44127  
ATLANTA GA 30336

ONE NATIONAL DRIVE, S.W.  
P.O.BOX 44127  
ATLANTA GA 30336-1127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONCHICK, NORMAN J  
441 S W 12TH AVENUE  
DEERFIELD BEACH FL 33442

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

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	CARLOS, MICHAEL C	
STREET ADDRESS	ONE NATIONAL DR.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	CARLOS, ANDREW C.	
STREET ADDRESS	ONE NATIONAL DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SELWYN, HERMAN	
STREET ADDRESS	3316 PERKINS RD	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JAY M	
STREET ADDRESS	ONE NATIONAL DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSENBERG, HERBERT J. III	
STREET ADDRESS	ONE NATIONAL DRIVE SW	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos, John A.	
STREET ADDRESS	One National Drive, SW	
CITY-ST-ZIP	Atlanta, Ga. 30336	

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:

*John A. Carlos* John A. Carlos, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90138 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0516238

Applied For Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**