

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 08:00 AM
Secretary of State

DOCUMENT # 824574
 1. Entity Name
 TODHUNTER INTERNATIONAL, INC.

| | |
|--|--|
| Principal Place of Business 222 LAKEVIEW AVE, SUITE 1500 P O BOX 4057 W PALM BCH 33402 US FL | Mailing Address 222 LAKEVIEW AVE, SUITE 1500 P O BOX 4057 W PALM BCH 33402 US FL |
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|--|--|
| 2. Principal Place of Business 222 LAKEVIEW AVE | 3. Mailing Address 222 LAKEVIEW AVE |
| Suite, Apt. #, etc. SUITE 1500 | Suite, Apt. #, etc. SUITE 1500 |
| City & State WEST PALM BEACH FL | City & State WEST PALM BEACH FL |
| Zip 33401 | Country US |

| | | |
|---|---|--|
| 4. FEI Number 59-1284057 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINCOURT, A KENNETH
 222 LAKEVIEW AVE STE 1500
 WEST PALM BEACH FL
 33401

7. Name and Address of New Registered Agent

Name
 PINCOURT A KJR.
 Street Address (P.O. Box Number is Not Acceptable)
 222 LAKEVIEW AVE
 SUITE 1500
 City
 WEST PALM BEACH FL Zip Code
 33401

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 A. K. PINCOURT, JR. **03/22/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | P MALTBY JAY S 222 LAKEVIEW AVE WEST PALM BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V YU OUSIK 222 LAKEVIEW AVE WEST PALM BCH FL 33401 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSCF EDWARDS TROY 222 LAKEVIEW AVE, STE 1500 W PALM BCH, FL 00000 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VALDES THOMAS A 222 LAKEVIEW AVE W PALM BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO PINCOURT, A KENNETH 222 LAKEVIEW AVE W PALM BCH, FL 00000 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MITCHELL DENNIS C 222 LAKEVIEW AVE W PALM BEACH FL | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MALTBY JAY S 222 LAKEVIEW AVE WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V YU OUSIK 222 LAKEVIEW AVE WEST PALM BCH FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSCF EDWARDS TROY 222 LAKEVIEW AVE W PALM BCH FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VALDES THOMAS A 222 LAKEVIEW AVE WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO PINCOURT A KJR. 222 LAKEVIEW AVE WEST PALM BCH FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MITCHELL DENNIS C 222 LAKEVIEW AVE WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: TROY EDWARDS TSCF **03/22/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)

**KEITH I. MCLACHLAN, DIRECTOR
26 NEWBURY HILL EXTENTION**

GLENCOE PT. CUMANA, TRINIDAD

**EDWARD F. MCDONNELL, DIRECTOR
53 BAYNARD PARK ROAD**

HILTON HEAD, SC 29928

**W. GREGORY ROBINSON, DIRECTOR
211 CENTRAL PARK WEST**

NEW YORK, NY 10024

**LEONARD ROGERS, DIRECTOR
P.O. BOX 3148**

PALM BEACH, FL 33480

**GODFREY D. BAIN, DIRECTOR
68 CHERRY CRESCENT**

WESTMOORINGS, TRINIDAD