

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	Mailing Address
222 LAKEVIEW AVE, SUITE 1500	222 LAKEVIEW AVE, SUITE 1500
P O BOX 4057	P O BOX 4057
W PALM BCH	W PALM BCH
33402	33402
US	US
FL	FL

2. Principal Place of Business	3. Mailing Address
222 LAKEVIEW AVE	222 LAKEVIEW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1500	SUITE 1500

City & State	City & State
WEST PALM BEACH	WEST PALM BEACH
FL	FL
Zip	Zip
33401	33401
Country	Country
US	US

4. FEI Number
59-1284057
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPIN COURT, A KENNETH
222 LAKEVIEW AVE STE 1500

WEST PALM BEACH FL
33401**7. Name and Address of New Registered Agent**Name
PIN COURT 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 (11/00)

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