

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90034 011 ***550.00

DOCUMENT # 829335

1. Entity Name
A. SMITH BOWMAN DISTILLERY, INCORPORATED ✓

Principal Place of Business
**ONE BOWMAN DR.
 FREDERICKSBURG VA 22408-7318**

Mailing Address
**ONE BOWMAN DR.
 FREDERICKSBURG VA 22408-7318**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **54-0715022** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SUTTON, FRANK
 1111 KANE CONCOURSE SUITE 209
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent
 Name **CHARLIE ROSENBERG, GINGER SPIRITS INC.**
 Street Address (P.O. Box Number is Not Acceptable) **10800 BISCAYNE BOULEVARD, STE. 410**
 City **MIAMI** FL Zip Code **33161**

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 *Charles Rosenberg* **Charles Rosenberg** DATE **7/19/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D BOWMAN, MARY L 1260 CREST LANE MCLEAN VA 22101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JOHN B JR CHIMNEYS THE PLAINS VA 22171	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BROWN, TIM S. 115 BROADUS AVE. BOWLING GREEN VA 22427	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEE, ROBERT E IV 4418 CHALFONT PL BETHESDA MD 20816	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, HELEN P. VANTAGE POINT THE PLAINS VA 22171	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDITH DAVIS GIFFORD CPA 802 COURTLAND LN FREDERICKSBURG VA 22407	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KATHERINE B. BURTON 5105 BALTIMORE AVENUE BETHESDA, MD 20816	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY J. MICHAEL HOLLAND 1021 HORSEPEN ROAD RICHMOND, VA 23229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY RUSSELL H. ROBERTS 713 KENMORE AVENUE FREDERICKSBURG, VA 22401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY BEVERLY ANN SULLIVAN 204 BOWEN DRIVE FREDERICKSBURG, VA 22407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PRODUCTION JOSEPH H. DANGLER 12648 APPLE LANE UNIONVILLE, VA 22567	<input type="checkbox"/> Change <input checked="" 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 an other like empowered.

SIGNATURE: *Michael Holland* **Michael Holland** DATE **7/26/00** DAYTIME PHONE # **(561) 373-4555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)