

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849341

1. Entity Name

ALLIED DOMEQ SPIRITS & WINE (OVERSEAS) LIMITED

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90495 001 ***150.00

06-05-2000 90495 002 ***400.00

Principal Place of Business

Mailing Address

3000 SOUTHFIELD TOWN CENTER

P.O. BOX 33006

9200 SOUTHFIELD MI 48075-1102

DETROIT MI 48232-5006

US

2. Principal Place of Business

3. Mailing Address

9130 SOUTH DADELAND SUITE 1802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33156

USA

4. FEI Number

98-0048536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME S
STREET ADDRESS MAINS, THOMAS GORDON
CITY-ST-ZIP BRIDGEWATER ROAD, BEDMINSTER DOWN
BRISTOL AV

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BURNETT, KENNETH MACKAY
CITY-ST-ZIP 303 TANGLIN ROAD
SINGAPORE CH

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

TITLE ☒ Delete
NAME D
STREET ADDRESS MITCHELL, DAVID SMITH
CITY-ST-ZIP 16 WALPOLE GARDENS
TWICKENHAM TW2 55J

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS BURRELL, PETER MARTIN
CITY-ST-ZIP ORCHARD HOUSE, 42 THE CRESCENT
BRINKLOW, RUGBY, WARWICKSHIRE, CV23 0LR

TITLE ☐ Delete
NAME D
STREET ADDRESS ZANETTI, CHRISTOPHER F
CITY-ST-ZIP JONATHANS THATCH MONT SHERBOURNE
HAMPSHIRE RG 26 5 #S

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TURNER, RICHARD GRAHAM
CITY-ST-ZIP BURNT HOUSE FARM, W. STOUGHTON, NR.
WEDMORE SO

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/5/00
Date

Daytime Phone #

CR2E034 (9/99)