

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000279

1. Entity Name

SOUTHEND BREWING VENTURES LIMITED PARTNERSHIP

FILED

00 SEP 29 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
266 WEST COLEMAN BLVD., SUITE 205
MT. PLEASANT SC 29464

Mailing Address
266 WEST COLEMAN BLVD., SUITE 205
MT. PLEASANT SC 29464

2. Principal Place of Business
2016 Euclid Ave
Suite, Apt. #, etc.

3. Mailing Address
2016 Euclid Ave
Suite, Apt. #, etc.

City & State
Charlotte, NC

City & State
Charlotte, NC

Zip
28203

Country
USA

Zip
28203

Country

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEJIA, ANGEL J
2 WEST INDEPENDENT DRIVE, SUITE 223
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 9/26/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000001106	STREET ADDRESS	2016 Euclid Ave
NAME	CAROLINA MICROBREW, LLC	CITY-ST-ZIP	Charlotte, NC 28203
STREET ADDRESS	266 WEST COLEMAN BLVD., SUITE 205	STREET ADDRESS	500003414745--3
CITY-ST-ZIP	MT. PLEASANT SC 29464	CITY-ST-ZIP	-10/05/00--01053--014
DOCUMENT #		CITY-ST-ZIP	****541.25 ****541.25
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 9/26/00 (704) 377-4605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

CR2E003 (5/00)