

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000005868**

1. Entity Name

COLUMBUS COCA-COLA BOTTLING COMPANY

Principal Place of Business

**1209 ORANGE ST.
WILMINGTON DE 19801**

Mailing Address

**4100 COCA-COLA PLAZA
CHARLOTTE NC 28211
US**

2. Principal Place of Business

4100 Coca-Cola Plaza

3. Mailing Address

4100 Coca-Cola Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28211

Country

USA

Zip

28211

Country

USA

4. FEI Number

58-1656543

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324****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

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	PD MOORE, JAMES L 4100 COCA-COLA PLAZA CHARLOTTE NC 28211 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SINGER, DAVID V 4100 COCA-COLA PLAZA CHARLOTTE NC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KASBEKAR, UMESH 4100 COCA-COLA PLAZA CHARLOTTE NC 28211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESTPHAL, STEVEN D 4100 COCA-COLA PLAZA CHARLOTTE NC 28211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNIPES, ROBBIE 4100 COCA-COLA PLAZA CHARLOTTE NC 28211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELTON, T. FRED 4100 COCA-COLA PLAZA CHARLOTTE NC 28211 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William B. Elmore 4100 Coca-Cola Plaza Charlotte, NC 28211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: **T. Fred Melton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/01

Daytime Phone #

704-557-4400

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)