

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004182

1. Entity Name

BETTER BEVERAGE IMPORTERS CO.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90130 043 \*\*\*150.00

Principal Place of Business  
410 NEW CHURCHMANS RD  
NEW CASTLE DE 19720  
US

Mailing Address  
PO BOX 11970  
WILMINGTON DE 19850-1970  
US

00013708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3267720

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BINGHAM, ROBERT  
3300 COVE CAY DR.  
APT. 5D  
CLEARWATER FL 33760

Name No change - address change only  
Street Address (P.O. Box Number is Not Acceptable)  
3300 Cove Cay Drive Apt 2F  
City Clearwater FL Zip Code 33760

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

*Robert Bingham*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-00

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

TITLE CP  
NAME BINGHAM, PAULINE  
STREET ADDRESS 3300 COVE CAY DR. APT 5D  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE D  
NAME BINGHAM, ROBERT  
STREET ADDRESS 3300 COVE CAY DR. APT. 5D  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE VP  
NAME BOGGS, CRAIG  
STREET ADDRESS 141 VINTON CIRCLE  
CITY-ST-ZIP FANWOOD NJ 07023 ☐ Delete

TITLE TSP  
NAME RENZETTE, LEO  
STREET ADDRESS PO BOX 758 N/A  
CITY-ST-ZIP NEW CASTLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*Charles Bingham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 302 322-1100