

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000001110**1. Entity Name
INTERBEV CO.

Principal Place of Business	Mailing Address
823 BISHOPSGATE LN.	823 BISHOPSGATE LN.
VIRGINIA BEACH VA 23452	VIRGINIA BEACH VA 23452

2. Principal Place of Business	3. Mailing Address
7730 ROSWELL ROAD	688 PHOSPHATE ALLEY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
207	

City & State	City & State
ATLANTA GA	BALDWINVILLE NY

Zip	Country	Zip	Country
30350		13027	

4. FEI Number	Applied For
54-1646275	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMOORE JERRY
8586 LARWIN LN.
SUITE 3
ORLANDO FL 32817 US**7. Name and Address of New Registered Agent**Name
RATHJE MERRITT
Street Address (P.O. Box Number is Not Acceptable)
57 SE 7TH AVE.
City
DEERFIELD BEACH FL 33441

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 **MERRITT RATHJE****04/30/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	FONDILLER RONALD C	
STREET ADDRESS	14 AMITY COURT	
CITY-ST-ZIP	PITTSFORD NY	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ PETER	
STREET ADDRESS	1545 BAKERS GLEN DR.	
CITY-ST-ZIP	DUNWOODY GA 30350	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MULLEN JOSEPH GIII	
STREET ADDRESS	823 BISHOPSGATE LN.	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ PETER	
STREET ADDRESS	1545 BAKERS GLEN DR.	
CITY-ST-ZIP	DUNWOODY GA 30350	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Peter.Schwartz

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)