

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002458

1. Entity Name

FREDERICK BREWING CO.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90046 050 ***150.00

Principal Place of Business

Mailing Address

4607 WEDGEWOOD BLVD
FREDERICK MD 21703
US

4607 WEDGEWOOD BLVD
FREDERICK MD 21703-7159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1769647

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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	CD	<input checked="" type="checkbox"/> Delete
NAME	BRANNON, KEVIN E	
STREET ADDRESS	3439 BUCKEYSTOWN PIKE	
CITY-ST-ZIP	BUCKEYSTOWN MD 21717	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCGINNIS, MARJORIE A	
STREET ADDRESS	3439 BUCKEYSTOWN PIKE	
CITY-ST-ZIP	MUCKEYSTOWN MD	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HARPER, LESLIE P	
STREET ADDRESS	1206 AUTUMN PLACE	
CITY-ST-ZIP	HERNDON VA 22070-4101	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NORDAHL, STEVEN T	
STREET ADDRESS	8118 CAMBRIDGE DRIVE	
CITY-ST-ZIP	FREDERICK MD	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VISCO, MARIBETH	
STREET ADDRESS	8057 OLD RECEIVER RD	
CITY-ST-ZIP	FREDERICK MD	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORIS, NICHOLAS	
STREET ADDRESS	900 CARROLL PKWY	
CITY-ST-ZIP	FREDERICK MD	

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		

Please see attached lists.

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:

Deborah A. Purcell, Asst Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/00

301 624 7899

CR2E034 (9/99)