

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90065 005 ***150.00

DOCUMENT # F98000004586

1. Entity Name
STROH SOUTHEAST SERVICE CORP.

Principal Place of Business Mailing Address
 WASHINGTON AVE. 590 WASHINGTON AVE.
 ATLANTA GA 30060 MARIETTA GA 30060-2157

816146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 406 Willow Ave 406 Willow Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Knoxville, TN. Knoxville, TN.
 Zip Zip Country Country
 37901 37901

4. FEI Number 62-1601994 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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, 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	C	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERHAM, JAMES		NAME	DON WILLIAMS	
STREET ADDRESS	3971 GOLFSHORE BLVD. N.		STREET ADDRESS	406 WILLOW AVE	
CITY-ST-ZIP	NAPLES FL 33740		CITY-ST-ZIP	KNOXVILLE, TN. 37901	
TITLE	C	<input type="checkbox"/> Delete	TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DON		NAME	GLENN ESSIG	
STREET ADDRESS	19 WILLOW ST.		STREET ADDRESS	1240 JOHNSON FERRY PL. Suite C-5	
CITY-ST-ZIP	KNOXVILLE TN 37901		CITY-ST-ZIP	MARIETTA, GA. 30068	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALPIN, RAYMOND		NAME	JAMES DERHAM	
STREET ADDRESS	71 TAMARACK CIRCLE		STREET ADDRESS	3971 GOLFSHORE BLVD N.	
CITY-ST-ZIP	SKILLMAN NJ 08558-2019		CITY-ST-ZIP	NAPLES, FLA. 34103	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESSIG, GLENN		NAME	ERIC STEWART	
STREET ADDRESS	590 WASHINGTON AVE.		STREET ADDRESS	10630 KINCEP FARM DR.	
CITY-ST-ZIP	MARIETTA GA 30060		CITY-ST-ZIP	KNOXVILLE, TN. 37922	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALPIN, DAN		NAME	RAYMOND D. KALPIN	
STREET ADDRESS	71 TAMARACK CIRCLE		STREET ADDRESS	309 MOUNTAIN VIEW RD.	
CITY-ST-ZIP	SKILLMAN NJ 08558-2019		CITY-ST-ZIP	Belle Mead, N.J. 08502	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Glenn D. Essig* Glenn D. Essig 2-14-00 770-281-0027 x225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

98000004586

8/6/46

**Stroh Southeast
Southern Division
1240 Johnson Ferry Place Ste C-5
Marietta, GA 30068**

**Corporate ID: 62-1601994
State of Incorporation: TN
Date of Incorporation: 03/18/95**

BOARD OF DIRECTORS

**Don R. Williams
109 Crestview Lane
Oak Ridge, TN 37830
412-78-6134**

**James Given
5517 River Point Cove
Knoxville, TN 37919
414-08-2859**

**John A. Donovan
5508 Timbercrest Trail
Knoxville, TN 37909
158-48-5390**

**James F. Derham
704 Venetian Tower
3971 Gulfshore Blvd North
Naples, FL 34103
220-66-7503**

**Glenn D. Essig
1005 Bailey Road
Woodstock, GA 30188
149-38-9528**

**Raymond D. Kalpin Jr.
309 Mountain View Road
Belle Mead, NJ 08502
150-56-7744**