

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H59796

1. Entity Name

ORANGE-CO DISPENSER SERVICES, INC.

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 020 ***550.00

Principal Place of Business

2020 U.S. HWY. 17 SOUTH
BARTOW FL 33830
US

Mailing Address

P.O. BOX 2158
BARTOW FL 33831-2158
US

2. Principal Place of Business

12010 N.E. HWY 70

3. Mailing Address

12010 N.E. HWY 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA, FLORIDA

City & State

ARCADIA, FLORIDA

4. FEI Number

59-2639355

Applied For

Not Applicable

Zip

34266

Country

US

Zip

34266

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, JOHN R
2020 U.S. HWY. 17 SOUTH
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name JEROME M. NEWLIN

Street Address (P.O. Box Number is Not Acceptable)

12010 N.E. HWY 70

City

ARCADIA,

FL

Zip Code

34266

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.

JEROME M. NEWLIN

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input checked="" type="checkbox"/> Delete
NAME	MOONEY, GENE	
STREET ADDRESS	2020 US HWY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, BEN HILL III	
STREET ADDRESS	700 S ALT. HWY. 27	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESTER, W. BERNARD	
STREET ADDRESS	640 S. MAIN ST.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, JOHN R	
STREET ADDRESS	2020 U.S. HWY. 17 SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	BRUWELHEIDE, DALE A	
STREET ADDRESS	2020 U.S. HWY. 17 SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR/CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL STERN	
STREET ADDRESS	650 MADISON AVENUE, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	DIRECTOR/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG HUFF	
STREET ADDRESS	650 MADISON AVENUE, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	DIRECTOR/EXECUTIVE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG ZEITLIN	
STREET ADDRESS	650 MADISON AVENUE, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAL DE FRANCO	
STREET ADDRESS	650 MADISON AVENUE, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CELIA FELSHER	
STREET ADDRESS	650 MADISON AVENUE, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

Daytime Phone #

CR2E034 (5/00)