

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90180 039 ***150.00

DOCUMENT # J44087

1. Entity Name
SOUTHEAST-ATLANTIC BEVERAGE CORPORATION

Principal Place of Business
% C T CORPORATION SYSTEM
6001 BOWDENDALE AVE
JACKSONVILLE FL 32216

Mailing Address
% C T CORPORATION SYSTEM
6001 BOWDENDALE AVE
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2741848**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

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, 2002 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 **DC** ☐ Delete
NAME **PAUL, ROBERT H. III**
STREET ADDRESS **6001 BOWDENDALE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete
NAME **BENT, JAMES V.E.**
STREET ADDRESS **1125 NORTH ELLIS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **DP** ☐ Delete
NAME **PAUL, CHRISTOPHER**
STREET ADDRESS **6001 BOWDENDALE AV**
CITY-ST-ZIP **JAX FL**

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

TITLE **VS** ☒ Delete
NAME **HOCKING, DALE**
STREET ADDRESS **6001 BOWDENDALE AV**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VS** ☒ Change ☐ Addition
NAME **Jackson, Guy**
STREET ADDRESS **6001 Bowdendale Av**
CITY-ST-ZIP **Jacksonville FL**

TITLE **D** ☐ Delete
NAME **FICHTHORN**
STREET ADDRESS **514 HOLLOW TREE RIDGE ROAD**
CITY-ST-ZIP **DARIEN CT**

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

TITLE **D** ☐ Delete
NAME **SCHULTZ, JOHN R**
STREET ADDRESS **118 W ADAMS ST**
CITY-ST-ZIP **JAX FL**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
 Date

904-739-1000
 Daytime Phone
 X264

CR2E034 (9/01)