

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90065 001 \*\*\*361.25

0611141

**DOCUMENT # J99721**

1. Entity Name

**FLORIDA BEVERAGE LAW CONSULTANTS, INC.**

Principal Place of Business

1331 E LA FAYETTE

#C

TALLAHASSEE FL 32301

Mailing Address

1331 E LA FAYETTE

#C

TALLAHASSEE FL 32301

38299

2. Principal Place of Business

4201 Vineland Rd

3. Mailing Address

4201 Vineland Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite I-3

Suite I-3

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32811

USA

32811

USA

4. FEI Number 59-2857900

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

GREER, JAMES A

1331 EAST LAFAYETTE ST

STE C

TALLAHASSEE FL 32301

Name

JAMES A. Greer

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

4201 Vineland Rd Suite I-3

City

Orlando

FL

Zip Code

32811

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

4/16/01

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 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 PVD  
NAME GREER, JAMES A ☐ Delete  
STREET ADDRESS 1331 E LAFAYETTE ST #C  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE PVD ☒ Change ☐ Addition  
NAME James A. Greer  
STREET ADDRESS 4201 Vineland Rd Suite I-3  
CITY-ST-ZIP Orlando, FL 32811

TITLE ST ☐ Delete  
NAME GREER, JAMES A  
STREET ADDRESS 1331 E LAFAYETTE ST #C  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ST ☒ Change ☐ Addition  
NAME James A. Greer  
STREET ADDRESS 4201 Vineland Rd Suite I-3  
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/16/01

Date

800-537-9863

Daytime Phone #

CR2E034 (10/00)