

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83732

1. Entity Name

INTERCOASTAL DISTRIBUTORS OF ORANGE COUNTY, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90023 012 ***150.00

Principal Place of Business

Mailing Address

1000 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804
US

1740 S SEGRAVE ST
SOUTH DAYTONA FL 32119-2124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3026523

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

MAHONEY, JOHN T
1740 S SEGRAVE ST
SOUTH DAYTONA FL

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 PD ☐ Delete
NAME MAHONEY, JOHN T.
STREET ADDRESS 4245 S. ATLANTIC AVE.
CITY-ST-ZIP WILBUR BY THE SEA FL 32127

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

TITLE VD ☐ Delete
NAME MAHONEY, PATRICK J.
STREET ADDRESS 1660 LASBURY
CITY-ST-ZIP WINTER PARK FL 32751

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

TITLE VD ☐ Delete
NAME WATSON, JOBIE R., JR.
STREET ADDRESS 1250 WOODMERE DR.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE SD ☐ Delete
NAME STONE, STEPHEN J.
STREET ADDRESS 4038 S PENINSULA DR
CITY-ST-ZIP WILBUR BY THE SEA FL 32127

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

TITLE TD ☐ Delete
NAME MAHONEY, DOUGLAS P.
STREET ADDRESS 10107 BENNINGTON
CITY-ST-ZIP TAMPA FL 33626

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Mahoney

Date

3/10/00

Daytime Phone #

904-761-7454

CR2E034 (9/99)