

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90108 043 \*\*\*150.00

0007101

**DOCUMENT # L83732**

1. Entity Name

**INTERCOASTAL DISTRIBUTORS OF ORANGE COUNTY, INC.**

Principal Place of Business

**4000 N ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32804  
 US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-3026523**

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

**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, 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          | PD                                | <input type="checkbox"/> Delete            |
| NAME           | <b>MAHONEY, JOHN T.</b>           |  |
| STREET ADDRESS | <b>4245 S. ATLANTIC AVE.</b>      |  |
| CITY-ST-ZIP    | <b>WILBUR BY THE SEA FL 32127</b> |  |
| TITLE          | VD                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MAHONEY, PATRICK J.</b>        |  |
| STREET ADDRESS | <b>1660 LASBURY</b>               |  |
| CITY-ST-ZIP    | <b>WINTER PARK FL 32751</b>       |  |
| TITLE          | VD                                | <input type="checkbox"/> Delete            |
| NAME           | <b>WATSON, JOBBIE R., JR.</b>     |  |
| STREET ADDRESS | <b>1250 WOODMERE</b>              |  |
| CITY-ST-ZIP    | <b>WINTER PARK FL 32789</b>       |  |
| TITLE          | SD                                | <input type="checkbox"/> Delete            |
| NAME           | <b>STONE, STEPHEN J.</b>          |  |
| STREET ADDRESS | <b>4038 S PENINSULA DR</b>        |  |
| CITY-ST-ZIP    | <b>WILBUR BY THE SEA FL 32127</b> |  |
| TITLE          | TD                                | <input type="checkbox"/> Delete            |
| NAME           | <b>MAHONEY, DOUGLAS P.</b>        |  |
| STREET ADDRESS | <b>10107 BENNINGTON</b>           |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33626</b>             |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | UP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MAHONEY, PATRICK J.</b> |  |
| STREET ADDRESS | <b>1885 BERKELEY CT.</b>   |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>   |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| 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 my address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-23-2001 407.292.0441**

CR2E034 (10/00)