

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L95000000507

1. Entity Name

FLORIDA WEST COAST BEVERAGES, L.C.

00 MAY 23 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

513 S FLORIDA AVE  
TAMPA FL 33602

Mailing Address

8206 PROVIDENCE RD  
SUITE 1200-384  
CHARLOTTE NC 28277-9708



2. Principal Place of Business

2611 Bayshore Blvd

3. Mailing Address

8206-1200 Providence Rd.

Suite, Apt. #, etc.

#1607

Suite, Apt. #, etc.

#384

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL.

City & State

Charlotte, NC

4. FEI Number

59-3326970

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

28277

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY TODD  
400 NORTH TAMPA STREET  
SUITE 2630  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

601 S. HARBOUR ISLAND Blvd, Ste 200

City

TAMPA

FL

Zip Code

33602

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME MIDULLA, JOSEPH D JR.  
STREET ADDRESS 8206 PROVIDENCE RD SUITE 1200-384  
CITY- ST- ZIP CHARLOTTE NC 28277

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8206-1200 Providence Rd # 384  
CITY- ST- ZIP Charlotte, NC 28277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300003287703-4  
CITY- ST- ZIP -06/13/00--01090--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joseph D. Midulla, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4/28/00 704 968-6702

Daytime Phone #

(56) 80:250