

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90121 030 \*\*\*\*50.00

**DOCUMENT # L95000000507**

1. Entity Name

**FLORIDA WEST COAST BEVERAGES, L.C.**

Principal Place of Business

2611 BAYSHORE BLVD., SUITE 1607  
 TAMPA FL 33629

Mailing Address

8206 - 1200 PROVIDENCE RD., #384  
 CHARLOTTE NC 28277

80042221

2. Principal Place of Business

2611 Bayshore Blvd

3. Mailing Address

2504 Sheffield Crescent Court

Suite, Apt. #, etc.

Apt # 1403

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Charlotte, NC

4. FEI Number

59-3326970

Applied For

Not Applicable

Zip

FL 33629

Country

USA

Zip

28226

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY TODD  
 601 SOUTH HARBOUR ISLAND BLVD., SUITE 200  
 TAMPA FL 33602

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2504 Sheffield Crescent Ct.  
 CITY-ST-ZIP CHARLOTTE, NC 28226

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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.  
 SIGNED: [Signature]  
 PRINTED: JOSEPH D. MIDULLA, JR.

2/21/02 704 364-4863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)