

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030889 AB

**DOCUMENT #** L98000001096  
**1. Entity Name**  
 UNITED DISTRIBUTING, LLC

**FILED**  
 2001 APR 20 AM 11:26  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**      **Mailing Address**  
 P.O. BOX 1948      P.O. BOX 1948  
 E.J. BALL PLAZA, SUITE 700      E.J. BALL PLAZA, SUITE 700  
 FAYETTEVILLE AK 72702      FAYETTEVILLE AK 72702

**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** 71-0812758      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 DATILIO, RALPH C ESQ.  
 215 S. MONROE STREET, SUITE 400  
 TALLAHASSEE FL 32301

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	MOURTON, KENNETH R	P.O. BOX 1948 FAYETTEVILLE AK 72702	<input type="checkbox"/>
	MGRM	THIRTY THIRD STREET, LLC	P.O. BOX 1948 FAYETTEVILLE AK 72702	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** \_\_\_\_\_ **SIGNATURE REQUIRED**      **04-16-01**      **DATE**      **DAYTIME PHONE #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CF2E083 (11/00)