

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009260**

1. Entity Name  
**BREWMEN, LLC**

Principal Place of Business  
**2909 BAY TO BAY BOULEVARD, SUITE 309  
TAMPA FL 33629**

Mailing Address  
**2909 BAY TO BAY BOULEVARD, SUITE 309  
TAMPA FL 33629**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

4. FEL Number **59-3649200** **Applied For**  
**Not Applicable**

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**MCNAMARA, THOMAS P  
2909 BAY TO BAY BOULEVARD, SUITE 309  
TAMPA FL 33629**

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**

9. MANAGING MEMBERS/MEMBERS

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SMITH, LARRY W  
2909 BAY TO BAY BLVD. SUITE 309  
TAMPA FL 33629**

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800004084328**  Change  Addition  
**-04/27/01--01031008**  Change  Addition  
**\*\*\*\*\*50.00** **\*\*\*\*\*50.00**

TITLE  Delete  
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TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

CR2E083 (11/00)

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: *LARRY W SMITH*

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

1-23-01 941 591 0079  
Date Daytime Phone #