

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # M99000001257

1. Entity Name

PASCO BEVERAGE GROUP, LLC

FILED

00 JAN 24 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PASCO ACQUISITION, INC.  
400 NORTH TAMPA STREET  
TAMPA FL 33602

Mailing Address

C/O PASCO ACQUISITION, INC.  
400 NORTH TAMPA STREET  
TAMPA FL 33602-4719

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

59-3583663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L ESQ.  
% CARLTON FIELDS  
777 S. HARBOUR ISLAND BLVD.  
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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME PEISER, ROBERT A  
STREET ADDRESS 325 LAKEWOOD DRIVE  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48308

TITLE MGRM ☒ Delete  
NAME ALPIN, DAVID  
STREET ADDRESS 2439 HOLLINGSWORTH HILL AVENUE  
CITY-ST-ZIP LAKELAND FL 33803

TITLE MGRM ☒ Delete  
NAME FOUTS, LOU  
STREET ADDRESS EAST 34TH STREET, #18-C  
CITY-ST-ZIP NEW YORK NY 10016

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 See Attached Listing For  
STREET ADDRESS All Officers, Managers  
CITY-ST-ZIP

TITLE MGRM ☒ Change ☐ Addition  
NAME George Wilson  
STREET ADDRESS 413 NORTH WALTER DRIVE  
CITY-ST-ZIP PLANT CITY, FL 33567

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:

SIGNATURE REQUIRED

1/21/2000

R.A. Peiser  
MANAGER

813 273 41

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #