

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90399 041 \*\*\*\*61.25

**DOCUMENT # N94000000049**

1. Entity Name

FLORIDA BEER WHOLESALERS ASSOCIATION, INC.



Principal Place of Business

215 S. MONROE ST  
SUITE 340  
TALLAHASSEE FL 32301  
US

Mailing Address

215 S. MONROE ST  
SUITE 340  
TALLAHASSEE FL 32301  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7010038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, MITCHELL J  
215 S. MONROE ST  
SUITE 340  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME RUBIN, MITCHELL J  
STREET ADDRESS 215 S. MONROE ST STE., #340  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE TSD ☐ Delete  
NAME TRANSOU, HAL G  
STREET ADDRESS 3420 W. THARPE ST.  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE P ☒ Delete  
NAME BEAR JR, LEWIS  
STREET ADDRESS 2000 EAST GREGORY  
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE VPD ☐ Delete  
NAME WILLIAMS, JOHN  
STREET ADDRESS 2900 W. FIRST STREET  
CITY-ST-ZIP SANFORD FL 32771

TITLE P ☒ Change ☐ Addition  
NAME Williams, John  
STREET ADDRESS 2900 W. First Street  
CITY-ST-ZIP Sanford, FL 32771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS Vroman, Mark  
CITY-ST-ZIP 4747 Progress Avenue  
Naples, FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mitchell J. Rubin*

Mitchell J. Rubin 3/30/06

850-224-2337