

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90065 001 ***361.25

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DOCUMENT # N94000002503

1. Entity Name

FLORIDA LICENSED BEVERAGE ASSOCIATION, INC.

Principal Place of Business

1331 E. LAFAYETTE ST.
 SUITE C
 TALLAHASSEE FL 32301

Mailing Address

1331 E. LAFAYETTE ST.
 SUITE C
 TALLAHASSEE FL 32301

38297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4201 Vineland Rd

3. Mailing Address

4201 Vineland Rd

Suite, Apt. #, etc.

Suite I-3

Suite, Apt. #, etc.

Suite I-3

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

22-3309591

Applied For

Not Applicable

Zip
 32811

Country

USA

Zip
 32811

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREER, JAMES A
 1331 E. LAFAYETTE ST.
 SUITE C
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

JAMES A. Greer

Street Address (P.O. Box Number is Not Acceptable)

4201 Vineland Rd Suite I-3

City
 Orlando

FL

Zip Code
 32811

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)

4/16/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME GREER, JAMES A
 STREET ADDRESS 1331 E. LAFAYETTE ST. SUITE C
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete
 NAME PURNELL, HAROLD F.X.
 STREET ADDRESS 1331 E. LAFAYETTE ST. SUITE C
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete
 NAME HARRIS, JOHN
 STREET ADDRESS 315 S. CALHOUN ST.
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
 NAME JAMES A. Greer
 STREET ADDRESS 4201 Vineland Rd Suite I-3
 CITY-ST-ZIP Orlando, FL 32811

TITLE D ☒ Change ☐ Addition
 NAME HAROLD F.X. Purnell
 STREET ADDRESS 4201 Vineland Rd Suite I-3
 CITY-ST-ZIP Orlando, FL 32811

TITLE D ☒ Change ☐ Addition
 NAME John Harris
 STREET ADDRESS 4201 Vineland Rd Suite I-3
 CITY-ST-ZIP Orlando, FL 32811

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

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

800-531-9863

Daytime Phone #

CR2E037 (10/00)