

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004700

1. Entity Name

HOME WINE AND BEER TRADE ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 007 ****61.25

Principal Place of Business

649 TIMBERPOND DRIVE
BRANDON FL 33510
US

Mailing Address

649 TIMBERPOND DRIVE
BRANDON FL 33510-2936
US

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

59-3307380

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

ROBERSON, DOLORES
649 TIMBER POND DRIVE
BRANDON FL 33510

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD ☒ Delete
NAME BASHAM, ED
STREET ADDRESS 5356 W. VICKERY
CITY-ST-ZIP FORT WORTH TX 76107

TITLE SD ☐ Change ☒ Addition
NAME AULT, RAY
STREET ADDRESS 2990 EAST STREET
CITY-ST-ZIP ANDERSON, CA 96007

TITLE PD ☐ Delete
NAME RUDD, JUDITH
STREET ADDRESS 126660 N. WILKINS AVE.
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE D ☒ Change ☐ Addition
NAME RUDD, JUDITH
STREET ADDRESS 126660 N. WILKINS AVE
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE VD ☐ Delete
NAME PARIS, ROY
STREET ADDRESS 251 LAMP LANTERN VILLAGE
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE PD ☒ Change ☐ Addition
NAME PARIS, ROY
STREET ADDRESS 251 LAMP LANTERN VILLAGE
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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

April 25, 2000 (301) 984-9557
Date Daytime Phone #

CR2E037 (9/99)