

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-18-2002 90092 013 ****61.25

DOCUMENT # N94000004700

1. Entity Name

HOME WINE AND BEER TRADE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**649 TIMBERPOND DRIVE
BRANDON FL 33510
US**

**649 TIMBERPOND DRIVE
BRANDON FL 33510
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

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

**ROBERSON, DOLORES
649 TIMBER POND DRIVE
BRANDON FL 33510**

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

Dolores Roberson

3/1/02

12?

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 **D** ☒ Delete
NAME **RUDD, JUDITH**
STREET ADDRESS **126660 N. WILKINS AVE.**
CITY-ST-ZIP **ROCKVILLE MD 20852**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ROGER SAVOY**
STREET ADDRESS **470 N. GREENBUSH ROAD**
CITY-ST-ZIP **RENSSELAER, NY 12144**

TITLE **P** ☒ Delete
NAME **PARIS, ROY**
STREET ADDRESS **251 LAMP LANTERN VILLAGE**
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **ANITA JOHNSON**
STREET ADDRESS **1712 E. 86TH ST.**
CITY-ST-ZIP **INDIANAPOLIS, IN 46240**

TITLE **SD** ☐ Delete
NAME **AULT, RAY**
STREET ADDRESS **2990 EAST STREET**
CITY-ST-ZIP **ANDERSON CA 96007**

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

TITLE **T** ☐ Delete
NAME **BADER, STEVE**
STREET ADDRESS **711 GRAND BLVD.**
CITY-ST-ZIP **VANCOUVER WA 98681**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3/5/02

360-750-1551

Date

Daytime Phone #

CR2E037 (9/01)