

2000 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-02-2000 90150 013 ****61.25

DOCUMENT # N95000004763



1. Entity Name
ALCOHOL BEVERAGE TRAINER'S ASSOCIATION OF FLORID

Principal Place of Business: 1500 COLONIAL BOULEVARD #230 FORT MYERS FL 33907
 Mailing Address: 1500 COLONIAL BOULEVARD #230 FORT MYERS FL 33907

2. Principal Place of Business: 1505 S.E. 40TH ST SUITE B
 3. Mailing Address: 1505 S.E. 40TH ST SUITE B

City & State: CAPE CORAL FL
 Zip: 33910 Country: USA



DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0617708
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: STEVEN DEWITT HOLMES, P.A. 1500 COLONIAL BOULEVARD #230 FORT MYERS FL 33907
 7. Name and Address of New Registered Agent: Name: STEVEN DEWITT HOLMES, P.A. Street Address: 1505 S.E. 40TH ST SUITE B City: CAPE CORAL FL Zip Code: 33910

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]* STEVEN D HOLMES DATE: 7/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25
 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: PD NAME: NAGELBERG, STEVE STREET ADDRESS: P.O. BOX 15730 N/A CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: HOLMES, STEVEN D STREET ADDRESS: 1500 COLONIAL BLVD. #230 CITY-ST-ZIP: FORT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1505 S.E. 40TH ST CITY-ST-ZIP: CAPE CORAL FL 33910	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: N/A NAME: LAURA NAGELBERG STREET ADDRESS: POB 15730 CITY-ST-ZIP: PLANTATION FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* STEVEN D. HOLMES DATE: 7/17/00 941-549-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/00)