

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90259 027 \*\*\*\*70.00

DOCUMENT # N98000004815

1. Entity Name

BUCCANEER BREW CREW, INC.

Principal Place of Business

206 WILD OAK DRIVE  
BRANDON FL 33511

Mailing Address

206 WILD OAK DRIVE  
BRANDON FL 33511

2. Principal Place of Business

12719 FOREST ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3566037

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME SWITZER, WALTER  
STREET ADDRESS 12719 FOREST ST.  
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE D  
NAME CHISM, JIM  
STREET ADDRESS 206 WILD OAK DRIVE  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE D  
NAME SMITH, ALAN  
STREET ADDRESS 206 WILD OAK DRIVE  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE STD  
NAME STEELE, WILLIAM R  
STREET ADDRESS 206 WILD OAK DRIVE  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE VD  
NAME KEYES, THOMAS L JR  
STREET ADDRESS 1906 MEADOWRIDGE DR  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D  
NAME MCCUROY, THOMAS  
STREET ADDRESS 206 WILD OAK DR  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: William R. Steele WILLIAM R. STEELE 1/15/01 813-684-3112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)