

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097795

1. Entity Name
BOTTLECLUB PRODUCTIONS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90112 036 ***150.00

Principal Place of Business
1515 E. BROWARD BLVD., APT. #328
FT. LAUDERDALE FL 33301

Mailing Address
1515 E. BROWARD BLVD., APT. #328
FT. LAUDERDALE FL 33301

00000713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1515 E. BROWARD BLVD.

3. Mailing Address
1515 E. BROWARD BLVD.

Suite, Apt. #, etc.
APT. 328

Suite, Apt. #, etc.
APT. 328

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACKEEN, RAYMOND
1515 E. BROWARD BLVD., APT. #328
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
RAYMOND MACKEEN
Street Address (P.O. Box Number is Not Acceptable)
1515 E. BROWARD BLVD.
APT. 328
City
FT. LAUDERDALE, FL Zip Code
33301

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]* N/A pm DATE: *[Signature]* N/A pm
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEEN, RAYMOND 1515 E. BROWARD BLVD., APT. #328 FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIER, ANDREW 2900 BANYAN ST., #505 FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (10/00)