

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19670

1. Entity Name

WHITE ROCK DISTILLERIES, INC.

Principal Place of Business

21 SARATOGA STREET  
P. O. BOX 1829  
LEWISTON ME 04240  
US

Mailing Address

P.O. BOX 1829  
P. O. BOX 1829  
LEWISTON ME 04241-1829  
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

01-0231409

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COULOMBE, PAUL G  
3241 MONTARA DR  
BONITA SPRINGS FL 33923

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

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	COULOMBE, CECILE J.	
STREET ADDRESS	50 CHARLES STREET	
CITY-ST-ZIP	LEWISTON ME	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COULOMBE, DENNIS N.	
STREET ADDRESS	2 BIRCHWOOD CIRCLE	
CITY-ST-ZIP	FALMOUTH ME	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BISHOP, JANET M.	
STREET ADDRESS	27 CANDLEBERRY DR.	
CITY-ST-ZIP	AUBURN ME	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COULOMBE, ROLAND	
STREET ADDRESS	24 MAPLEWOOD RD.	
CITY-ST-ZIP	LEWISTON ME	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COULOMBE, PAUL G.	
STREET ADDRESS	12 FLINTROCK DR.	
CITY-ST-ZIP	SCARBOROUGH ME	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:

*Janet M. Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90108 022 \*\*\*150.00

00033736



DO NOT WRITE IN THIS SPACE

CR05034 10/00