

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33186

1. Entity Name

UNITED DISTILLERS & VINTNERS (FLORIDA) INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90073 039 ***150.00

Principal Place of Business

Mailing Address

6 LANDMARK SQUARE
STAMFORD CT 06901

6 LANDMARK SQUARE
STAMFORD CT 06901

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

06-1240182

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME D
STREET ADDRESS HOWARD-SORRELL, LINDA
CITY-ST-ZIP 6 LANDMARK SQUARE
STAMFORD CT 06901

TITLE ☐ Delete

NAME T
STREET ADDRESS BROWN, ROBERT T.
CITY-ST-ZIP SIX LANDMARK SQ
STAMFORD CT 06901

TITLE ☐ Delete

NAME S
STREET ADDRESS CHALMERS, SABINE
CITY-ST-ZIP 5200 BLUE LAGOON DR STE 850
MIAMI FL 33126

TITLE ☒ Delete

NAME P
STREET ADDRESS COLOMBO, JAUN JOSE
CITY-ST-ZIP 1515 COUNTRY CLUB PRDO
CORAL GABLES FL 33134

TITLE ☒ Delete

NAME VP
STREET ADDRESS SMITH, MICHAEL S
CITY-ST-ZIP 5200 BLUE LAGOON DR STE 850
MIAMI FL 33126

TITLE ☐ Delete

NAME VP
STREET ADDRESS LOUDEN-CARTER, GRAHAM
CITY-ST-ZIP 5200 BLUE LAGOON DR STE 850
MIAMI FL 33126

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS HARNISH McDONALD
CITY-ST-ZIP 5200 Blue Lagoon Dr.
STE. 850
MIAMI, FL 33126

TITLE ☐ Change ☒ Addition

NAME D
STREET ADDRESS William Bullard
CITY-ST-ZIP 5200 Blue Lagoon Dr.
STE 850
MIAMI, FL 33126

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Brown

Date

Daytime Phone #

3-17-01

CR2E034 (10/00)