

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057776

1. Entity Name

THE LITTLE BROWN JUG, INC.

FILED

Mar 27, 2000 8:00 am  
Secretary of State

03-27-2000 90091 001 \*\*\*150.00

Principal Place of Business

18900 N TAMiami TS 14  
SUITE 14  
NORTH FORT MYERS FL 33903  
US

Mailing Address

18900 N TAMiami TR  
SUITE 14  
NORTH FT. MYERS FL 33903-7314  
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 59-0937378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, THOMAS J JR  
1950 PINE AVE  
STE - 30  
ALVA FL 33920

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	D	<input type="checkbox"/> Delete
NAME	CONWAY, THOMAS J JR	
STREET ADDRESS	18900 NORTH TAMiami TRAIL #A-14	
CITY-ST-ZIP	NORTH FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONWAY, ZELLASTEEN	
STREET ADDRESS	18900 N TAMiami TRAIL A-14	
CITY-ST-ZIP	NORTH FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONWAY, THOMAS III	
STREET ADDRESS	18900 NORTH TAMiami TRAIL #A-14	
CITY-ST-ZIP	NORTH FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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:

*Zellasteen Conway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00 941-543-6740

Date

Daytime Phone #

CR25034 (9/99)