

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90048 001 ***150.00

DOCUMENT # P93000086143

1. Entity Name

DISCOUNT BEVERAGE & DELI, INC.

Principal Place of Business

Mailing Address

MM 82 1/2 US ONE
 ISLA FL 33036
 US

300 S. COCONUT PALM BLVD
 TAVERNIER FL 33036-3309
 US

2. Principal Place of Business

3. Mailing Address

106 Villabella Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada FL

Zip

Country

Zip

33036

Country

US

4. FEI Number

65-0453534

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

Name

Street Address (P.O. Box Number is Not Acceptable)

106 Villabella Drive

City

Islamorada

FL

Zip Code

33036

BUSBIN, KATHRYN J
300 SO. COCONUT PALM BLVD.
TAVERNIER FL 33070

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	BUSBIN, KATHRYN J	
STREET ADDRESS	300 S. COCONUT PALM BLVD	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BUSBIN, THOMAS D	
STREET ADDRESS	300 S. COCONUT PALM BLVD	
CITY-ST-ZIP	TAVERNIER 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>106 Villabella Drive</i>	
CITY-ST-ZIP	<i>Islamorada FL 33036</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>106 Villabella Drive</i>	
CITY-ST-ZIP	<i>Islamorada FL 33036</i>	
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:

Thomas D Busbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

305-664-8576

Daytime Phone #

CR2E034 (9/99)