

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049631

1. Entity Name

FERMENTATIONS IN SEASIDE, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90103 012 \*\*\*150.00

Principal Place of Business

25 CENTRAL SQUARE, B1  
SEASIDE FL 32459

Mailing Address

PO BOX 4896  
SEASIDE FL 32459-4896

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

59-3321535

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

NOONAN, PAMELA F

~~25 CENTRAL SQUARE, B1  
SEASIDE FL 32459~~

3810 Plaza Street  
COCONUT GROVE FL  
33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOONAN, BRUCE	
STREET ADDRESS	25 CENTRAL SQUARE, B1	
CITY-ST-ZIP	SEASIDE FL 32459	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NOONAN, PAMELA F	
STREET ADDRESS	25 CENTRAL SQUARE, B1	
CITY-ST-ZIP	SEASIDE FL 32459	
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	3810 Plaza Street	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3810 Plaza Street	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Fleckenstein	
STREET ADDRESS	36 Birch Street	
CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Fleckenstein	
STREET ADDRESS	36 Birch Street	
CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Williams	
STREET ADDRESS	Rd #2 Box 411 D-Suscon RV	
CITY-ST-ZIP	Pittston PA 18641	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Williams	
STREET ADDRESS	Rd #2 Box 411 D-Suscon RV	
CITY-ST-ZIP	Pittston PA 18641	

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

3059299766  
Date Daytime Phone #

CR2E034 (9/99)