

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90056 011 \*\*\*150.00

**DOCUMENT # P95000088302**

1. Entity Name

**BREWMASTERS OF ST. PETERSBURG BEACH, INC.**

Principal Place of Business

**401 SECOND STREET EAST  
 INDIAN ROCKS BEACH FL 33785  
 US**

Mailing Address

**8802 EAGLE WATCH DR.  
 RIVERVIEW FL 33569  
 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 **59-3354449**

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

**AUMANN, VINCENT A  
 16534 OLEY RIDGE COURT  
 TAMPA FL 33624**

Name **Anthony Recchio**

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

**5310 Quincy**

City **Tampa**

FL

Zip Code **33611**

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 **Anthony Recchio**  
 Signature, typed or printed name of registered agent and title if applicable.

**Anthony Recchio, Manager**

**3/13/01**  
 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 **P** ☐ Delete  
 NAME **AUMANN, VINCENT**  
 STREET ADDRESS **16534 OLEY RIDGE COURT**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **President** ☒ Change ☐ Addition  
 NAME **John Christen**  
 STREET ADDRESS **5819 Mariner Street**  
 CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: **John Christen**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/01 813-671-0625**  
 Date Daytime Phone #

CR2E034 (10/00)