

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072338

1. Entity Name

EAGLE ROCK BEVERAGE CORP.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90106 024 \*\*\*150.00

Principal Place of Business

Mailing Address

825 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304  
US

1355 N.E. 5TH ST.  
FT. LAUDERDALE FL 33301-1265  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
1355 NE 5th St

Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FL

City & State

Zip  
33301

Country  
US

Zip

Country

4. FEI Number 65-0692076

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

HANLON, M. TIMOTHY  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
COSMAN, E. EDGAR  
825 E. SUNRISE AVENUE  
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
1355 NE 5th St.  
FT. LAUDERDALE FL 33301

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/28/00 9547635747  
Date Daytime Phone #

CR2E034 (9/99)