

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099331

1. Entity Name

Mitch's All American Beverage, Inc.

**FILED**

00 OCT -3 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
13195 Spring Hill Drive 13195 Spring Hill Drive  
Spring Hill, FL 34609 Spring Hill, FL 34609  
US 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

59-3415782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Mitchie, Curtis B.

13195 Spring Hill Drive  
Spring Hill, FL 34609

7. Name and Address of New Registered Agent

Name Robert Gomez

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

13195 Spring Hill Drive

City Spring Hill

FL

Zip Code 34609

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.

Robert Gomez

(NOTE: Registered Agent signature required when reinstating)

DATE

9-20-00

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 PSD ☒ Delete  
NAME Mitchie, Curtis B.  
STREET ADDRESS 5679 Pillar Avenue  
CITY-ST-ZIP Spring Hill, FL 34608

TITLE D ☒ Delete  
NAME Bohatko, Maria  
STREET ADDRESS 5679 Pillar Avenue  
CITY-ST-ZIP Spring Hill, FL 34608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME Gomez, Robert  
STREET ADDRESS 13195 Spring Hill Drive  
CITY-ST-ZIP Spring Hill, FL 34609

400003374414 ☐ Change ☐ Addition  
-08/28/00-01071-011 1  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

400003374414 ☐ Change ☐ Addition  
-10/04/00-01038-002  
\*\*\*\*\*26.25 \*\*\*\*\*26.25

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Gomez

9-20-00

Date

Daytime Phone #