

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90012 035 \*\*\*150.00

**DOCUMENT # P97000108816**

1. Entity Name  
**CSD-SAWGRASS, INC.**

Principal Place of Business

**1 PEPSI WAY  
 SOMERS NY 10589-2201**

Mailing Address

**1 PEPSI WAY  
 SOMERS NY 10589-2201**

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  
**13-4034989**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>NOWELL, LIONEL L<br/>1 PEPSI WAY<br/>SOMERS NY 10589-2201</b> <input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVP<br/>RAPP, STEVEN M<br/>1 PEPSI WAY<br/>SOMERS NY 10589-2201</b> <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TVP<br/>LANGHOFF, CHRISTOPHER<br/>1 PEPSI WAY<br/>SOMERS NY 10589-2201</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ASVP<br/>ALLEGRETTI-DAVENPORT, REGINA<br/>1 PEPSI WAY<br/>SOMERS NY 10589-2201</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ATVP<br/>LEMKE, JUDITH A<br/>1 PEPSI WAY<br/>SOMERS NY 10589-2201</b> <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>KUPFERSCHMID, GEOFFREY<br/>1 PEPSI WAY<br/>SOMERS NY 10589-2201</b> <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>Alfred H. Drewes<br/>1 Pepsi Way<br/>Somers, NY 10589</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPSD<br/>Steven M. Rapp<br/>1 Pepsi Way<br/>Somers, NY 10589</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPTD<br/>Nicholas J. D'Alessandro<br/>1 Pepsi Way<br/>Somers, NY 10589</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:

*Judith A. Lemke*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02  
 Date

(914) 767-6000  
 Daytime Phone #

CR2E034 (9/01)

Attachment #

P97000108816

**CSD Sawgrass Company, Inc.**

1 PEPSI WAY

SOMERS, NY 10589-2201

(FEIN: 13-4034989)

**DIRECTORS:**

Alfred H. Drewes

Steven M. Rapp

Nicholas J. D'Alessandro

**BUSINESS ADDRESS:**

1 Pepsi Way Somers, NY 10589

1 Pepsi Way Somers, NY 10589

1 Pepsi Way Somers, NY 10589

**OFFICERS:**

Alfred H. Drewes

President

1 Pepsi Way Somers, NY 10589

Steven M. Rapp

Vice President, Secretary

1 Pepsi Way Somers, NY 10589

Regina Allegretti-Davenport

Vice President, Assistant Secretary

1 Pepsi Way Somers, NY 10589

Nicholas J. D'Alessandro

Vice President, Treasurer

1 Pepsi Way Somers, NY 10589

Judith A. Lemke

Vice President, Assistant Treasurer

1 Pepsi Way Somers, NY 10589

Geoffrey Kupferschmid

Vice President

1 Pepsi Way Somers, NY 10589

Celeste Tate

Vice President

1 Pepsi Way Somers, NY 10589