

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90132 042 ***150.00

DOCUMENT # P99000011153

1. Entity Name
GLOBAL BEER CO.

Principal Place of Business
2200 WINTER SPRINGS BLVD
SUITE 104
OVIEDO FL 32765

Mailing Address
2200 WINTER SPRINGS BLVD
SUITE 104
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3559024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, LYNN M
2535 HIBBARD TRAIL
CHULUOTA FL 32766

Name **ROGER VAN DUSEN**

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

3218 OPEN MEADOW LOOP

City **OVIEDO**

FL

Zip Code **32766**

8. The above named entity submits this statement for the purpose of changing its registered agent, both in the State of Florida

(New) Roger D. Van Dusen, ROGER D. VAN DUSEN, Pres. 1-24-02
(Former) Lynn M. Evans, LYNN M. EVANS, V.P. 1-24-02

SIGNATURE

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **VAN DUSEN, ROGER**
 CITY-ST-ZIP **12554 INDIANA WOODS LN**
ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **VAN DUSEN, ROGER**
 CITY-ST-ZIP **3218 OPEN MEADOW LOOP**
OVIEDO, FL 32766

TITLE ☐ Delete
 NAME **VST**
 STREET ADDRESS **EVANS, LYNN M**
 CITY-ST-ZIP **2535 HIBBARD TRAIL**
CHULUOTA FL 32766

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Lynn M. Evans, LYNN M. EVANS, V.P.

1-24-02

407-971-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)