

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052261

1. Entity Name

VICTORY DISTRIBUTION INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90053 006 ***150.00

Principal Place of Business

Mailing Address

85 EMMET AVE
EAST ROCKAWAY NY 11518

85 EMMET AVE
EAST ROCKAWAY NY 11518-2228

2. Principal Place of Business

UNIVERSAL STUDIOS PLAZA

3. Mailing Address

1000 UNIVERSAL STUDIOS PLAZA

Suite, Apt. #, etc.

Bldg 22A

City & State
Ocoee, FL

Zip
32819

Country
USA

Suite, Apt. #, etc.

Bldg 22A

City & State
Ocoee, FL

Zip
32819

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3629864

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GERBER, MICHAEL H	
STREET ADDRESS	85 EMMET AVE	
CITY-ST-ZIP	EAST ROCKAWAY NY 11518	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERBER, MICHAEL H		
STREET ADDRESS	85 EMMET AVE		
CITY-ST-ZIP	EAST ROCKAWAY, NY 11518		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDGAR N. MILLINGTON, JR		
STREET ADDRESS	1033 FEATHERSTONE CR		
CITY-ST-ZIP	Ocoee, FL 32761		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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

Edgar N. Millington, Jr Treasurer

Date

4/10/00

Daytime Phone #

(407)224-5360

CR2E034 (9/99)