

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102941

1. Entity Name

IN BEVERAGE SUPPLY, INC.

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90030 018 ***158.75

Principal Place of Business

Mailing Address

545 TIBERON COVE DRIVE
LONGWOOD FL 32750

545 TIBERON COVE DRIVE
LONGWOOD FL 32750

2. Principal Place of Business

545 TIBERON COVE DRIVE

3. Mailing Address

545 TIBERON COVE DRIVE

Suite, Apt. #, etc.

TIBERON COVE DRIVE

Suite, Apt. #, etc.

TIBERON COVE DRIVE

City & State

LONGWOOD FL 32750

City & State

LONGWOOD

4. FEI Number

59-3616295

☒ Applied For

☐ Not Applicable

Zip

32750

Country

FL

Zip

32750

Country

FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UDY, MICHAEL R
545 TIBERON COVE DRIVE
LONGWOOD FL 32750

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

FEB 10 2000

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 PD
NAME UDY, MICHAEL R
STREET ADDRESS 545 TIBERON COVE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Michael R. Udy

MICHAEL ROSE UDY.

FEB 10TH 2000 407 260 1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #