

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106303

1. Entity Name
NORTH RIVER LIQUOR INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90037 019 ***150.00

Principal Place of Business
5506 BAY SHORE ROAD
PALMETTO FL 34221

Mailing Address
5506 BAY SHORE ROAD
PALMETTO FL 34221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME
Suite, Apt. #, etc.
City & State
PALMETTO FL
Zip
34221
Country
MANAGE

3. Mailing Address
P.O. 851
Suite, Apt. #, etc.
City & State
PALMETTO FL
Zip
34221
Country
MANAGE

4. FEI Number
65-0889111
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN, PHILIP
5506 BAY SHORE ROAD
PALMETTO FL 34221

7. Name and Address of New Registered Agent
Name
PHILIP ALLEN
Street Address (P.O. Box Number is Not Acceptable)
5506 BAYSHORE RD
PALMETTO
City
FL Zip Code
34221

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 Philip Allen DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRES	<input type="checkbox"/> Delete
NAME	PHILIP ALLEN	
STREET ADDRESS	5506 BAYSHORE RD.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	DAVE SCHURFRANZ	<input type="checkbox"/> Delete
NAME	5506 BAYSHORE RD.	
STREET ADDRESS	PALMETTO, FL 34221	
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		<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		
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: Philip Allen DATE 4/28/00 DAYTIME PHONE # 941-7229 555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)