

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90097 013 ***150.00

DOCUMENT # 125303

1. Entity Name

PANAMA CITY COCA COLA BOTTLING COMPANY

Principal Place of Business

Mailing Address

1900 REXFORD ROAD
 P.O. BOX 31487
 CHARLOTTE NC 28211

1900 REXFORD ROAD
 P.O. BOX 31487
 CHARLOTTE NC 28211-3387

2. Principal Place of Business

4100 Coca-Cola Plaza

3. Mailing Address

4100 Coca-Cola Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

4. FEI Number

59-0391380

Applied For

Not Applicable

Zip

28211

Country

USA

Zip

28211

Country

USA

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAMES L. 1900 REXFORD ROAD CHARLOTTE NC 28211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARRISON III, J. FRANK 1900 REXFORD ROAD CHARLOTTE NC 28211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, JOHN F. JR. 1900 REXFORD ROAD CHARLOTTE NC-28211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF SINGER, DAVID V. 1900 REXFORD ROAD CHARLOTTE NC 28211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KASBEKAR, UMESH M 1900 REXFORD ROAD CHARLOTTE NC 28211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELTON, T. FRED 1900 REXFORD ROAD CHARLOTTE NC 28211	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moore, James L. 4100 Coca-Cola Plaza Charlotte, NC 28211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Harrison III, J. Frank 4100 Coca-Cola Plaza Charlotte, NC 28211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Singer, David V. 4100 Coca-Cola Plaza Charlotte, NC 28211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Kasbekar, Umesh M. 4100 Coca-Cola Plaza Charlotte, NC 28211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Melton, T. Fred 4100 Coca-Cola Plaza Charlotte, NC 28211	<input checked="" 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:

T. Fred Melton **REQUIRED** Fred Melton

(704) 551-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)