

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90107 039 ***550.00

FILE NUMBER

DOCUMENT # F94000001401

1. Entity Name
FROSTEE BEVERAGE COMPANY

Principal Place of Business

**5315 TREMONT AVE.
 DAVENPORT IA 52807**

Mailing Address

**5315 TREMONT AVE.
 DAVENPORT IA 52807**

00064862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1382688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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: **SD** Delete
 NAME: **DRISCOLL, PATRICK**
 STREET ADDRESS: **5315 TREMONT AVE**
 CITY-ST-ZIP: **DAVENPORT IA 52807**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **TARWATER, MARK**
 STREET ADDRESS: **5315 TREMONT AVE**
 CITY-ST-ZIP: **DAVENPORT IA 52807**

TITLE: **DIRECTOR & VICE PRESIDENT** Change Addition
 NAME: **TARWATER, MARK**
 STREET ADDRESS: **5315 TREMONT AVE.**
 CITY-ST-ZIP: **DAVENPORT, IA 52807**

TITLE: **P** Delete
 NAME: **COLOMBARI, JOSEPH**
 STREET ADDRESS: **5315 TREMONT AVENUE**
 CITY-ST-ZIP: **DAVENPORT IA 52807**

TITLE: **DIRECTOR & PRESIDENT** Change Addition
 NAME: **COLOMBARI, JOSEPH**
 STREET ADDRESS: **5315 TREMONT AVE.**
 CITY-ST-ZIP: **DAVENPORT, IA 52807**

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: **SIGNATURE REQUIRED** **JOSEPH F. COLOMBARI 9-07-01 563-386-5222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)