

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # 708054

1. Entity Name

VINEYARD OF THE ISLANDS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90046 034 \*\*\*\*70.00

|                                                        |                                                             |
|--------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business                            | Mailing Address                                             |
| 3816 CHIGUITA BLVD.<br>#2<br>CAPE CORAL FL 33914<br>US | 3816 CHIGUITA BLVD.<br>#2<br>CAPE CORAL FL 33914-5658<br>US |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>923 SE 47 <sup>th</sup> TERRACE<br>Suite, Apt. #, etc. | 3. Mailing Address<br>923 SE 47 <sup>th</sup> TERRACE<br>Suite, Apt. #, etc. |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                |                                |                                                                                                        |                                                                   |
|--------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| City & State<br>CAPE CORAL, FL | City & State<br>CAPE CORAL, FL | 4. FEI Number<br>59-6529160                                                                            | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| Zip<br>33904                   | Country<br>LEE                 | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                                                                   |

|                                                                                                                  |                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>STILSON, JAMIE J<br>2703 SW 35TH LANE<br>SANIBEL FL 33957 | 7. Name and Address of New Registered Agent<br>Name<br>STILSON, JAMIE J.<br>Street Address (P.O. Box Number is Not Acceptable)<br>2703 SW 35 <sup>th</sup> LANE<br>City<br>CAPE CORAL FL Zip Code<br>33914 |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WILLIAM, ELEY<br>538 RETUNDA PARKWAY<br>CAPE CORAL FL 33904 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Eley, William<br>538 Retunda Pkwy<br>CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ENRICO, RAY<br>2846 SW 50TH TERR.<br>CAPE CORAL FL 33914 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OVERHULSE, JIM<br>4610 SW. 22RD AVE.<br>CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Stilson, Jamie J<br>2703 SW 35 <sup>th</sup> LANE<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00

(941) 549-8075

CR2E037 (9/99)