

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708054

1. Entity Name

VINEYARD OF THE ISLANDS, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90039 020 ****61.25

Principal Place of Business

Mailing Address

923 SE 47TH TERRACE
CAPE CORAL FL 33904
US

923 SE 47TH TERRACE
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6529160

Applied For

Not Applicable

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

STILSON, JAMIE J
1225 SW 21ST TERR
CAPE CORAL FL 33991

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

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 SD ☐ Delete
NAME WILLIAM, ELEY
STREET ADDRESS 1421 SW 30TH STREET
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE TD ☐ Delete
NAME ENRICO, RAY
STREET ADDRESS 2846 SW 50TH TERR.
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE PD ☐ Delete
NAME STILSON, JAMIE J
STREET ADDRESS 1225 SW 21ST TERR
CITY-ST-ZIP CAPE CORAL FL 33991

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 549-8075
Date Daytime Phone #

CR2E037 (9/01)