

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2000 90022 014 ***150.00

DOCUMENT # F98000004680

1. Entity Name

WINE COUNTRY, INC.

Principal Place of Business

**272 W. NEW ENGLAND AVE.
 WINTER PARK FL 32789**

Mailing Address

**272 W. NEW ENGLAND AVE.
 WINTER PARK FL 32789-4226**

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

59-3526514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUTY, JAMES

**272 W. NEW ENGLAND AVE
 WINTER PARK FL 32789**

Name

Adam Chilvers

Street Address (P.O. Box Number is Not Acceptable)

272 W. New England Ave.

City

Winter Park

FL

Zip Code

32789

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)

2/17/00

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 Delete
 NAME **C CHILVERS, KENNETH C**
 STREET ADDRESS **5815 S.E. FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD CHILVERS, ADAM C**
 STREET ADDRESS **2750 WESTPOINT BLVD., APT 1035**
 CITY-ST-ZIP **ORLANDO FL 34997**

TITLE Change Addition
 NAME **PD Chilvers, Adam C**
 STREET ADDRESS **272 W New England Ave.**
 CITY-ST-ZIP **Winter Park, Florida 32789**

TITLE Delete
 NAME **PD BRUTY, JAMES**
 STREET ADDRESS **506-B S. ALBANY AVE.**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD CHILVERS, ADAM**
 STREET ADDRESS **272 W NEW ENGLAND AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD BRUTY, JAMES**
 STREET ADDRESS **272 W NEW ENGLAND AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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:

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

2/17/00
 Date

407.629.7191
 Daytime Phone #

CR2E034 (9/99)