

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90347 017 \*\*\*150.00

**DOCUMENT # F98000004680**

1. Entity Name  
**WINE COUNTRY, INC.**

Principal Place of Business  
**270 W. NEW ENGLAND AVE.**  
**WINTER PARK FL 32789**

Mailing Address  
**270 W. NEW ENGLAND AVE.**  
**WINTER PARK FL 32789**

**814984**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**272 W. New England Ave.**

3. Mailing Address  
**272 W. New England Ave.**

Suite, Apt. #, etc.  
**Winter Park, FL**

Suite, Apt. #, etc.  
**Winter Park, FL**

City & State  
**32789 USA**

City & State  
**32789 USA**

4. FEI Number **59-3526514**

Applied For  
 Not Applicable

Zip Country  
**32789 USA**

Zip Country  
**32789 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**

**CHILVERS, ADAM**  
**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.**  
**Winter Park, FL 32789**  
 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 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, 2001 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 **Chilvers, Kenneth C**  
 STREET ADDRESS **P.O. Box 694800**  
 CITY-ST-ZIP **Miami, FL 33269**

TITLE  Delete  
 NAME **PD CHILVERS, ADAM C**  
 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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 registered 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: **Adam Chilvers** **02/20/01** **407 963 4653**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)