

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.

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

City & State
32789 USA

Zip Country

3. Mailing Address

272 W. New England Ave.

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

City & State
32789 USA

Zip Country

4. FEI Number **59-3526514**

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

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

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

TITLE
 NAME **C**
 STREET ADDRESS **Chilvers, Kenneth C**
 CITY-ST-ZIP **P.O. Box 694800**
Miami, FL 33269

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

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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

CR2E034 (10/00)