

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H85511

1. Entity Name

VINE & HARVEST OF ALTAMONTE, INC.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90094 042 \*\*\*150.00

Principal Place of Business

Mailing Address

% ROBERT J. GRACE  
2136 HIDDEN PINE LANE  
APOPKA FL 32712-0962

% ROBERT J. GRACE  
2136 HIDDEN PINE LANE  
APOPKA FL 32712-3962

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

451 E. Altamonte Dr.

Suite, Apt. #, etc.

111 Starling Lane

City & State

Altamonte Springs, FL

City & State

Longwood, FL

4. FEI Number

59-2598581

Applied For

Not Applicable

Zip

32701

Country

USA

Zip

32779

Country

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

GRACE, ROBERT J.  
2136 HIDDEN PINE LANE  
APT. 1268  
APOPKA FL 32712

111 Starling Lane  
Longwood, FL 32779

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

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 DP  
NAME GRACE, ROBERT J.  
STREET ADDRESS 2136 HIDDEN PINE LANE  
CITY-ST-ZIP APOPKA FL Longwood, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GRACE, JOAN M.  
STREET ADDRESS 2136 HIDDEN PINE LANE  
CITY-ST-ZIP APOPKA FL Longwood, FL 32779

TITLE  
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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 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:

Joan M. Grace  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

407/331-1946

Office Phone #