

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

100000012217

1. Entity Name

WINSTON TRAILS BEVERAGE LLC

Principal Place of Business

6101 WINSTON TRAILS BLVD.  
C/O WINSTON TRAILS DEVELOPMENT CORP.  
LAKE WORTH FL 33463

Mailing Address

6101 WINSTON TRAILS BLVD.  
C/O WINSTON TRAILS DEVELOPMENT CORP.  
LAKE WORTH FL 33463

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

XX-5019380 (temporary-see  
attached)

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE Manager  Delete  
NAME Kenneth Arnesen  
STREET ADDRESS 6101 Winston Trails Blvd.  
CITY-ST-ZIP Lake Worth FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

500003985445-5  
-04/10/01--01086-017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kenneth Arnesen,  
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative  
Manager

2/27/01 561-439-0009

Date

Daytime Phone #

CR2E083 (11/00)

2001 UBR



DEPARTMENT OF THE TREASURY  
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

550 Main Street  
Cincinnati, OH 45202-3263

March 21, 2001

WINSTON TRAILS BEVERAGE LLC  
CLUB AT WINSTON TRAILS  
6101 WINSTON TRAILS BLVD  
LAKE WORTH, FL 33463

EIN: XX-5019380  
DCN: 2001061-700-034

Dear Taxpayer:

We have no record that you have reported a valid Employer Identification Number (EIN) to our agency. We have therefore assigned a temporary EIN to your account. The temporary number is shown on the top right corner of this letter and is prefixed with an XX designation. We are enclosing Form SS-4, Application for Employer Identification Number, with instructions to assist you in obtaining a valid EIN. The completed Form SS-4 must be sent to the Internal Revenue Service (IRS) at the address in the instructions, or you may call the IRS at the telephone number shown. We request that you obtain an EIN and report it to our office within 60 days of the date of your receipt of this letter.

ATF requires all persons who file a tax return on ATF F 5630.5, (Special Tax Registration and Return) to obtain an EIN from the IRS. You must obtain an EIN regardless of the number of employees you have or whether you are an individual owner, a partnership or a corporation. You must also obtain an EIN even if you do not have any employees. ATF will not accept your social security number as your EIN. Once you have been issued an EIN you are required to report it to our agency.

Please be advised that your tax account must be identified with a valid EIN to ensure accurate recording of payments. You will not be issued a Special (Occupational) Tax Stamp until you provide a valid EIN. If you currently have a valid EIN and have not yet reported it to our agency, please do so immediately. You may report a current or new EIN by contacting our office at (513) 684-2979 or (800) 937-8864 8:00 A.M. to 5:00 P.M. (Eastern Standard Time) or you may write to the letterhead address above. If you contact us in writing, please include a copy of this letter.

Your cooperation is greatly appreciated.

Sincerely,

*Linda S. Giesing*  
Supervisor, Mail and File Unit

Enclosure