

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L97000001198

1. Entity Name

TERROIR BRANDS, L.C.

00 MAR 29 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ryh



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1520 LOCK MEADE PLACE
OLDSMAR FL 34677-5121

Mailing Address

1520 LOCK MEADE PLACE
OLDSMAR FL 34677-5121

2. Principal Place of Business

10801-F ENDEAVOUR WAY

Suite, Apt. #, etc.

3. Mailing Address

10801-F ENDEAVOUR WAY

Suite, Apt. #, etc.

City & State

LARGO FLORIDA

City & State

LARGO FLORIDA

4. FEI Number

59-3475369

Applied For

Not Applicable

Zip

33777-1671

Country

PINELAS

Zip

33777-1671

Country

PINELAS

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONGY, ANTOINE P

1520 LOCK MEADE PLACE
OLDSMAR FL 34677-5121

7. Name and Address of New Registered Agent

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

Jan 6, 2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS SONGY, ANTOINE P
CITY- ST- ZIP 1520 LOCK MEADE PLACE
OLDSMAR FL 34677-5121 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003208444--0
CITY- ST- ZIP -04/13/00--01134--019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Jan 6, 2000

727-5459463

CR05083 10/00