

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002618

1. Entity Name

USA WINE SOUTH, LLC

FILED

00 JAN 25 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1350 SHEELER ROAD  
APOPKA FL 32703

Mailing Address

1350 SHEELER ROAD  
APOPKA FL 32703-6542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3540589

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FLATTERY, JOHN J JR.  
1350 SHEELER ROAD  
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE MGR  
NAME FLATTERY, JOHN J JR.  
STREET ADDRESS 157 ROBIN ROAD  
CITY-ST-ZIP WEST HARTFORD CT 06192 ☐ Delete

TITLE MGR  
NAME STAFFORD, PHILIP  
STREET ADDRESS 1605 OXFORD ROAD  
CITY-ST-ZIP CHARLOTTESVILLE VA 22903 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

JOHN J FLATTERY, JR 1/11/00 (407) 880-681