

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N28353**

1. Entity Name

**THE VINTAGE THUNDERBIRDS OF FLORIDA, INC.****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90037 027 \*\*\*\*61.25

Principal Place of Business

**4206 WAYSIDE WILLOW COURT**  
**TAMPA FL 33624**  
**US**

Mailing Address

**4206 WAYSIDE WILLOW COURT**  
**TAMPA FL 33624-4635**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**WIEGAND, ED**  
**4206 WAYSIDE WILLOW COURT**  
**TAMPA FL 33624**

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**PD**  
**WIEGAND, ED**  
**4206 WAYSIDE WILLOW COURT**  
**TAMPA FL 33624**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DT**  
**DUTTON, BRUCE**  
**8724 134TH ST N**  
**SEMINOLE FL 33776**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DS**  
**SOTO, PATRICIA**  
**1047 MAINSAIL DRIVE**  
**TARPON SPRINGS FL 34689**☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☒ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**VP**  
**DEPIES, KEN**  
**812 WARREN ROAD**  
**LUTZ FL 33549**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BRUCE DUTTON**  
**BOUNCEATERS REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FEB 1 2000**

Date

**(727) 392-2853**

Daytime Phone #