

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

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

DOCUMENT # N28353
 1. Entity Name
THE VINTAGE THUNDERBIRDS OF FLORIDA, INC.

Principal Place of Business 4206 WAYSIDE WILLOW COURT TAMPA FL 33624 US	Mailing Address 4206 WAYSIDE WILLOW COURT TAMPA FL 33624-4635 US
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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 **NOT APPLICABLE** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WIEGAND, ED	
STREET ADDRESS	4206 WAYSIDE WILLOW COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DUTTON, BRUCE	
STREET ADDRESS	8724 134TH ST N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SOTO, PATRICIA	
STREET ADDRESS	1047 MAINSAIL DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEPIES, KEN	
STREET ADDRESS	812 WARREN ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, VIVIAN	
STREET ADDRESS	105 FERNWOOD CIRCLE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 persons.

SIGNATURE: *Bruce Dutton* **BOUNCEBIRD RETURNED** **FEB 1 2000** **(727) 392-2857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #