

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
US

2. Principal Place of Business

7701 HATTERAS DR

3. Mailing Address

7701 HATTERAS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

HUDSON FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34667

Country

FLSC0

Zip

34667

Country

FLSC0

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 WIEGAND, ED

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

7701 HATTERAS DR

City

HUDSON

FL

Zip Code

34667

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

TITLE PD  
NAME WIEGAND, ED  
STREET ADDRESS 4206 WAYSIDE WILLOW COURT  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE DT  
NAME DUTTON, BRUCE  
STREET ADDRESS 8724 134TH ST N  
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE DS  
NAME COATES, VIVIAN  
STREET ADDRESS 105 FERNWOOD CIRCLE  
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

TITLE VP  
NAME DEPIES, KEN  
STREET ADDRESS 812 WARREN ROAD  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WIEGAND, ED  
NAME 7701 HATTERAS DR, ☒ Change ☐ Addition  
STREET ADDRESS HUDSON FL  
CITY-ST-ZIP 34667

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

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

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

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

TITLE  
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 E. DUTTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 9 2001 (727) 392-2867

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90209 006 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE