

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 032 ****61.25

DOCUMENT # N44412

1. Entity Name
FLORIDA WINEFEST AND AUCTION, INC.



Principal Place of Business
1991 MAIN ST
117
SARASOTA, FL 34236 US

Mailing Address
P.O. BOX 4193
SARASOTA, FL 34230-4193 US

4011-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0455486

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

BAND, DAVID
240 S PINEAPPLE AVE
SARASOTA, FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOEVNER, SANDRA
STREET ADDRESS 1991 MAIN ST, STE 117
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DT ☐ Delete
NAME BARBERIO, ALLAN
STREET ADDRESS 1858 RINGLING BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VD ☐ Delete
NAME MCGILLICUDDY, DENNIS
STREET ADDRESS 5111 OCEAN BLVD., #C
CITY-ST-ZIP SARASOTA, FL

TITLE DS ☒ Delete
NAME MYRNA, BARID
STREET ADDRESS 4100 FLAMINGO AVE
CITY-ST-ZIP SARASOTA, FL 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE DS ☐ Change ☒ Addition
NAME Band, Myrna
STREET ADDRESS 4100 Flamingo Ave
CITY-ST-ZIP Sarasota, FL 34242

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *✓ Allan Barberio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 7/10/07

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