

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002547

1. Entity Name

THE GOLD COAST WINE SOCIETY, INC.

Principal Place of Business

2503 BACCARAT DRIVE  
HOLLYWOOD FL 33026

Mailing Address

2503 BACCARAT DRIVE  
HOLLYWOOD FL 33026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STUBBLEFIELD, JOHN R  
2503 BACCARAT DRIVE  
HOLLYWOOD FL 33026

4. FEI Number

65-0749425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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 D ☐ Delete  
NAME STRUBBLEFIELD, JOHN R  
STREET ADDRESS 2503 BACCARAT DR  
CITY-ST-ZIP HOLLYWOOD FL 33026

TITLE D ☐ Delete  
NAME BARRON, LINDA M  
STREET ADDRESS 10211 PINES BLVD APT 202  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete  
NAME CARROLL, JIM  
STREET ADDRESS 6800 CYPRESS RD APT 517  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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

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:

SIGNATURE REQUIRED

3/19/01

954.438.1484

FILED  
May 29, 2001 8:00 am  
Secretary of State

05-29-2001 90008 006 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)