2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90178 044 ****61.25

DOCUMENT # N97000002547

1. Entity Name
THE GOLD COAST WINE SOCIETY, INC.

Principal Place of Business	Mailing Address
2503 BACCARAT DRIVE HOLLYWOOD, FL 33026	2503 BACCARAT DRIVE HOLLYWOOD, FL 33026

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	127 Hillside Drive Suite, Apt. #, etc.
City & State	City & State: Burlington, NC
Zip / Country	Zip: 27215 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0749425 ☐ Applied For ☐ Not Applicable

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
STUBBLEFIELD, JOHN R 2503 BACCARAT DRIVE HOLLYWOOD, FL 33026	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUBBLEFIELD, JOHN R 2503 BACCARAT DR HOLLYWOOD, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUBBLEFIELD, John R 2503 BACCARAT DR HOLLYWOOD, FL 33026	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRON, LINDA M 10211 PINES BLVD APT 202 PEMBROKE PINES, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, JIM 6800 CYPRESS RD APT 617 PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: John R Stubblefield 4/28/2003 9546649790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #