

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 17, 2001 08:00 AM  
Secretary of State**

**DOCUMENT # P00000092343**

1. Entity Name  
LA VINTAGE, INC.

Principal Place of Business  
1207 PINE STREET  
KEY WEST FL 33040

Mailing Address  
1207 PINE STREET  
KEY WEST FL 33040

2. Principal Place of Business  
509 SOUTHARD ST

3. Mailing Address  
509 SOUTHARD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
KEY WEST FL

City & State  
KEY WEST FL

4. FEI Number  
**65-1044144**  
Applied For  
 Not Applicable

Zip Country  
33040

Zip Country  
33040

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**

SUBERO-SIGLER I. DOREEN  
1207 PINE STREET  
KEY WEST FL 33040

Name  
PEARCE HARLAN W  
Street Address (P.O. Box Number is Not Acceptable)  
1213 ELIZA ST  
City  
KEY WEST FL Zip Code  
33040

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 **HARLAN W. PEARCE**

**08/17/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/S PEARCE HARLAN WTR/SEC 1213 ELIZA ST KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PEARCE ANGELA SPRES 1213 ELIZA ST KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HARLAN W. PEARCE**

TR/S **08/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)