2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000106085**

1. Entity Name
THE KEY WEST WINERY, INC.

Principal Place of Business	Mailing Address
620 CRUIKSHANK ISLAND	620 CRUIKSHANK ISLAND
SUMMERLAND KEY FL	SUMMERLAND KEY FL
33042	33042

2. Principal Place of Business	3. Mailing Address
103 SIMONTON ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State
Zip: 33040 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1055105** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAUCK LYNN W
620 CRUIKSHANK ISLAND
SUMMERLAND KEY FL
33042

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 ____________________ 09/01/2001
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	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	YOUMANS SCOTT C		NAME	YOUMANS SCOTT C	
STREET ADDRESS	620 CRUIKSHANK ISLAND		STREET ADDRESS	620 CRUIKSHANK ISLAND	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	☐ Delete	TITLE	PRES	☒ Change ☐ Addition
NAME	MAUCK LYNN W		NAME	MAUCK LYNN W	
STREET ADDRESS	620 CRUIKSHANK ISLAND		STREET ADDRESS	620 CRUIKSHANK ISLAND	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: LYNN W. MAUCK PRES 09/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #