

2002 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Sep 04, 2002 8:00 am
Secretary of State

08-26-2002 90064 019 ***550.00

DOCUMENT # P01000019371

1. Entity Name

VINEYARD FOX COMPANY, INC.

Principal Place of Business

401 CENTRE STREET 2ND FLOOR
FERNANDINA BEACH FL 32034

Mailing Address

401 CENTRE STREET 2ND FLOOR
FERNANDINA BEACH FL 32034

2. Principal Place of Business

402 Centre Street

Suite, Apt. #, etc.

Suite 200

City & State

Fernandina Beach, FL

Zip

32034

Country

US

3. Mailing Address

402 Centre Street

Suite, Apt. #, etc.

Suite 200

City & State

Fernandina Beach, FL

Zip

32034

Country

US

4. FEI Number

593700109

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAUER, LANNY M

401 CENTRE STREET 2ND FLOOR

FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Kavanaugh, E. Clinch

Street Address (P.O. Box Number is Not Acceptable)

402 Centre Street

Suite 200

City

Fernandina Beach

FL

Zip Code

32034

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 obligation of registered agent.

SIGNATURE

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RAUER, LANNY M	401 CENTRE STREET 2ND FLOOR	FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/>

D	KAVANAUGH, E. CLINCH	401 CENTRE STREET 2ND FLOOR	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
---	----------------------	-----------------------------	---------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Fields, William J.	402 Centre Street, Suite 200	Fernandina Beach, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D	Kavanaugh, E. Clinch	402 Centre Street, Suite 200	Fernandina Beach, FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	----------------------	------------------------------	----------------------------	-------------------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

CR2E034 (4/02)

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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-02

Date

904-321-6544

Daytime Phone