

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90970 007 ***150.00

0407266

DOCUMENT # P94000047865

1. Entity Name

J.D. FORD, PURVEYOR OF FINE WINES AND SPIRITS, I

Principal Place of Business

1925 S OSPREY AVE
SARASOTA FL 34239
US

Mailing Address

PO BOX 728
SARASOTA FL 34230
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

4. FEI Number 65-0501953

Applied For

Not Applicable

Zip

Country

34230

Country

USA

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

MCCURDY, JEFFREY
1924 SOUTH OSPREY AVE
SUITE 201
SARASOTA FL 34239

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

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
NAME **GRIFFIN, CARLA T**
STREET ADDRESS **1924 S OSPREY AVE STE 201**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **President / Treasurer / Director** ☒ Change ☐ Addition
NAME **Carla T. Griffin**
STREET ADDRESS **1924 S. Osprey Ave. Suite 201**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **V** ☒ Delete
NAME **MATSON, FRED**
STREET ADDRESS **1925 S OSPREY AVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PST** ☒ Delete
NAME **MCCURDY, JEFFREY**
STREET ADDRESS **1924 S OSPREY AVE STE 201**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **Vice President / Secretary** ☒ Change ☐ Addition
NAME **Jeffrey R. McCurdy**
STREET ADDRESS **1924 S. Osprey Ave. Suite 202**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey R. McCurdy

Date

Daytime Phone #

94-3166802

CR2E034 (10/00)