## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P96000047647 WINE GROWERS CO. 03-04-2000 90021 020 \*\*\*150.00 Principal Place of Business Mailing Address 46 NORTH WASHINGTON BOULEVARD. #1 1858 RINGLING BLVD. SARASOTA FL 34236-5932 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0684874 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BOULEVARD, #1 SARASOTA FL 34236 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition Delete Change TITLE TITLE KOHLER, HEINRICH NAME NAME STREET ADDRESS 1858 RINGLING BLVD. STREET ADORESS CITY-\$T-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ■ Addition ☐ Delete TITLE TITLE GLENDINNING, RENEA NAME NAME STREET ADDRESS 1858 RINGLING BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Belete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. (941)365-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CAPORDIFECTOR

RENEA CLENDINNING President RENEA GLENDINNING,

Daytime Phone #