

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083051

1. Entity Name

THE WINE CLUB OF SARASOTA, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90085 020 ***150.00

Principal Place of Business

Mailing Address

3624 NW 97 BLVD.
GAINESVILLE FL 32606

3624 NW 97 BLVD.
GAINESVILLE FL 32606-5063

2. Principal Place of Business

4607 S. Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34231

Country

Zip

Country

4. FEI Number

59-3406395

Applied For

Not Applicable

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

DORN, THOMAS C
3624 NW 97 BLVD.
GAINESVILLE FL 32606

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, 2000 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 ☐ Delete
NAME FLETCHER, MIRIAM D
STREET ADDRESS 3624 NW 97 BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

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

V ☐ Delete
NAME ALBERDI, TIM
STREET ADDRESS 2725 N. RIDGEWOOD AVE.
CITY-ST-ZIP TAMPA FL 33602

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

S ☐ Delete
NAME DORN, THOMAS C
STREET ADDRESS 3624 NW 97 BLVD.
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

352 332-9112

CR 21.034 (9/99)