2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90024 042 ***150.00

DOCUMENT # P97000080095

1. Entity Name

FIFTH AVENUE WINE BAR, INC.

Principal Place of Business	Mailing Address
862 5TH AVE S NAPLES FL 34102 US	C/O STEVEN E CLARK. CPA 700 11TH ST S SUITE PH3 NAPLES FL 34102-6777 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3936 Tamiami Trail North Suite, Apt. #, etc. Suite B
City & State	City & State Naples, Florida
Zip / Country	Zip 34103 / Country U.S.

4. FEI Number 65-0782842 ☐ 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
MANIERRE, LAWRENCE E 270 LITTLE HARBOR LN NAPLES FL 34102	Name: Richard M. Vogel, Esq. Street Address (P.O. Box Number is Not Acceptable): 3936 Tamiami Trail North Suite B City: Naples **FL** Zip Code: 34103

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 _____ Richard M. Vogel, Esq. 4/20/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD MANIERRE, LAWRENCE E 270 LITTLE HARBOR LN NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D Pate, Nate L. 999 8th Street South, 1B Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Hasty, Ann 3300 Binnacle Drive, #202 Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pate, Cloyde 999 8th Street South, 1B Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vogel, Richard M. 3936 Tamiami Trail North, Suite B Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ Ann Hasty Secretary 4/25/2000 941-403-7770
SIGNATURE, IF REQUIRED, OF PERSON OTHER THAN CEO OR DIRECTOR Date Daytime Phone #

ANN HASTY, SECRETARY