

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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 862 5TH AVE S NAPLES FL 34102 US	Mailing Address C/O STEVEN E CLARK, CPA 700 11TH ST S SUITE PH3 NAPLES FL 34102-6777 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3936 Tamiami Trail North Suite B
City & State Naples, Florida	City & State Naples, Florida
Zip 34103	Country U.S.

4. FEI Number 65-0782842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

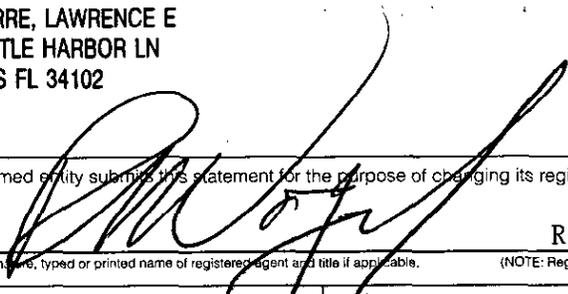
6. Name and Address of Current Registered Agent

MANIERRE, LAWRENCE E
270 LITTLE HARBOR LN
NAPLES FL 34102

7. Name and Address of New Registered Agent

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.** DATE **4/20/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

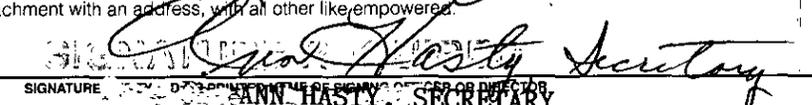
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MANIERRE, LAWRENCE E 270 LITTLE HARBOR LN NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Pate, Nate L. 999 8th Street South, 1B Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hasty, Ann 3300 Binnacle Drive, #202 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pate, Cloyde 999 8th Street South, 1B Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vogel, Richard M. 3936 Tamiami Trail North, Suite B Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **4/25/2000** DAYTIME PHONE #: **941-403-7770**

SIGNATURE OF REGISTERED AGENT OR DIRECTOR
ANN HASTY, SECRETARY

CR2E034 (9/99)