

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093116

1. Entity Name

THE WINE CLUB OF EDGEWOOD VILLAGE, INC.

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

05-05-2000 90086 041 ***150.00

Principal Place of Business	Mailing Address
1188 EDGEWOOD AVE. JACKSONVILLE FL 32205	1188 EDGEWOOD AVE. JACKSONVILLE FL 32205-5370

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3624 N.W. 97 Blvd.

City & State	City & State
Zip	Country
Country	Zip
Country	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORN, THOMAS 3624 N.W. 97TH 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 _____ (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. ☐ **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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
FLETCHER, MIRIAM D 3624 NW 97 BLVD GAINESVILLE FL 32606	
D NAME STREET ADDRESS CITY-ST-ZIP	
GRAESER, MARK 167 PINE ST. ATLANTIC BEACH FL 32233	
D NAME STREET ADDRESS CITY-ST-ZIP	
DORN, THOMAS 3624 N.W. 97TH BLVD. GAINESVILLE FL 32605	

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

4-25-00

Date

352 3329 112

Daytime Phone #

CR2E034 (9/99)