

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074651**

1. Entity Name

LA VENDANGE, INC.

Principal Place of Business

**2219 WHITFIELD DR.
SARASOTA FL 34243**

Mailing Address

**P.O. BOX 516
TALLERVAST FL 34270**

2. Principal Place of Business

2219 Whitfield Park Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Tallervast, FL

Zip

Country

Zip

Country

4. FEI Number

65-0861462

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLYNN, MARY
2219 WHITFIELD DR.
SARASOTA FL 34043**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2219 Whitfield Park Dr.

City

FL**Zip Code
34243**

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 fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PSD** ☐ Delete
NAME **FLYNN, MARY**
STREET ADDRESS **2219 WHITFIELD DR.**
CITY-ST-ZIP **SARASOTA FL 34243**TITLE ☐ Delete
NAME **FLYNN, MARYBETH**
STREET ADDRESS **6924 CUMBERLAND TERRACE**
CITY-ST-ZIP **BRADENTON FL 34201**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5140 Windward Ave.**
CITY-ST-ZIP **Sarasota, FL 34242**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 #

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90011 050 ***550.00



DO NOT WRITE IN THIS SPACE

CR20014 11/00