

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State
 08-07-2001 90015 022 ***150.00

DOCUMENT # P98000075729	
1. Entity Name PARK AVENUE WINE & CHEESE CELLAR, INC.	
Principal Place of Business 323 SOUTH PARK AVENUE WINTER PARK FL 32789	Mailing Address 323 SOUTH PARK AVENUE WINTER PARK FL 32789
2. Principal Place of Business N/A	3. Mailing Address P.O. BOX 567
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State WINTER PARK, FL
Zip	Zip 32790-0567
Country	Country ORANGE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOISE, KENNETH D 390 NORTH ORANGE AVENUE SUITE 2100 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name JOANN GATES Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 567 City WINTER PARK FL 32789	
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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 *Joann Gates* DATE **8.3.01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S. GATES, JOANN 323 S. PARK AVENUE WINTER PARK FL 32789 P.O. BOX 567 WINTER PARK, FL 32790-0567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *Joann Gates* **President** DATE **8.3.01** DAYTIME PHONE # **407.353.6248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)