

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059910

1. Entity Name

BLUE VINEYARDS, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90036 026 \*\*\*150.00

Principal Place of Business

Mailing Address

812 NORTH GULF BLVD. #3  
INDIAN ROCKS BEACH FL 33785

812 NORTH GULF BLVD. #3  
INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business

3. Mailing Address

2019 Weaver Park Drive

525 20th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clearwater 1

Indian Rocks Beach

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

33765

USA

33785

USA

4. FEI Number

59-3599423

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

REUTHER, BLAIR J  
812 NORTH GULF BLVD. #3  
INDIAN ROCKS BEACH FL 33785

Name

Blair J. REUTHER

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

525 20th Avenue

City

Indian Rocks Beach

FL

Zip Code

33785

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 Blair J. Reuther

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/00  
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 **D**  
NAME **REUTHER, BLAIR J**  
STREET ADDRESS **812 NORTH GULF BLVD. #3**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

☒ Delete

TITLE **Director**  
NAME **Reuther, Blair J**  
STREET ADDRESS **525 20th Ave**  
CITY-ST-ZIP **IRB, FL 33785**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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: Blair J. Reuther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99  
Date

Date

727-298-0760  
Daytime Phone #

Daytime Phone #

CR2E034 (9/99)