

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095805

1. Entity Name

WINE WAREHOUSE OF ALTAMONTE SPRINGS, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90009 036 \*\*\*550.00

Principal Place of Business

990 NORTH STATE ROAD 434. #9  
 ALTAMONTE SPRINGS FL 32714

Mailing Address

990 NORTH STATE ROAD 434. #9  
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

931 S.R. 434 NORTH  
 Suite, Apt. #, etc.  
 1105

3. Mailing Address

3624 NW 97th BLVD  
 Suite, Apt. #, etc.  
 6

City & State

ALTAMONTE SPRINGS, FL

City & State

GAINESVILLE, FL

Zip

32714

Country

USA

Zip

32606

Country

USA

4. FEI Number

59-360 4187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DORN, THOMAS  
 3624 N.W. 97TH BOULEVARD  
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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

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

(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.  
 (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 **PRESIDENT** ☐ Delete  
 NAME **FREDERICK M IVEY**  
 STREET ADDRESS **1021 CASA DEL SOL CIRCLE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **Bob Gorman** ☐ Delete  
 NAME **1355 Market Street - A-1**  
 STREET ADDRESS **Tallahassee, FL 32312**  
 CITY-ST-ZIP **Vice Pres.**

TITLE **Secretary** ☐ Delete  
 NAME **RAYMOND IVEY**  
 STREET ADDRESS **1232 NW 36th DR.**  
 CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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 **FREDERICK IVEY 7/8/00**

407-786-4300

Daytime Phone #

CR2E034 (5/00)