DOCUMENT #

1. Entity Name

P99000099242

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90005 020 ***150.00

Principal Place of Business: Wine Warehouse of Belleair Bluffs

Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
125 Indian Rocks Road	3624 NW 97 Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Bluffs, Fl.	City & State: Gainesville Fl.
Zip: 33770 Country:	Zip: 32606 Country:

4. FEI Number: 59-3608779 ☐ 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
	Name: Garry L. Brady
	Street Address (P.O. Box Number is Not Acceptable): 125 Indian Rocks Road
	City: Belleair Bluffs FL Zip Code: 33770

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 $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		☐ Delete	Secretary Tom Dorn 3624 NW 97 Blvd. Gainesville, Fl. 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	President Garry Brady 125 Indian Rocks Road Belleair Bluffs, Fl. 33770	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Treasurer Miriam Fletcher 3624 NW 97 Blvd. Gainesville, Fl. 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E074 (6/99)

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: Miriam Fletcher 4/27/00 3523329112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #