## 2002 Uniform Business Report (UBR)

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## Apr 21, 2002 8:00 am Secretary of State DOCUMENT # V41391 03-26-2002 90043 003 \*\*\*150.00 1. Entity Name VILLAGE WINE & CHEESE STORE, INC. Principal Place of Business Mailing Address 1035 PARK STREET 1035 PARK STREET JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59 3133800 5 9 3 1 3 2 8 3 Not Applicable Applied For Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent = 7. Name and Address of New Registered Agent Name GNO KINCAID, KELLY A Street Address (P.O. Box Number is Not Acceptable) 1035 PARK STREET JACKSONVILLE FL 32204 City -Zip Code **JACKSONVILL** & 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. RESIDENT (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Tax filing requirements (See criteria oryback) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) PRESIDENT. AURA B. JONDI 135 PARK STREET VOYTECEK, BARRY M NAME NAME 1035 PARK STREET STREET ADDRESS STREET ADDRESS 1035 JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TIPLE ☐ Change ☐ Addition NAME KINCAID, MAUREEN E NAME STREET ADDRESS 1035 PARK STREET STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change SECRETARY ■ Addition NAME VOYTECEK, KELLY A. AURAB. JOUDI 035 PARK STREET ACKSONVILLE FL MARIE STREET ADDRESS 1035 PARK STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7/P TIT! F Defete TITLE TREASURER Change ☐ Addition NAME JACKSON, KRISTEN AURA B. JONDI MAME 1035 PARK STREET STREET ADDRESS STREET ADDRESS PARKSTREET CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition KINCAID, DONALD V NAME NAME STREET ADDRESS 1035 PARK STREET STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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