

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55065

1. Entity Name

VENICE WINE & COFFEE COMPANY

Principal Place of Business

121 VENICE AVENUE, WEST
VENICE FL 34285-1931
US

Mailing Address

121 VENICE AVENUE, WEST
VENICE FL 34285-1931
US

2. Principal Place of Business

201 W. VENICE AVE.

Suite, Apt. #, etc.

3. Mailing Address

201 W. VENICE AVE.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

65-0352078

Applied For

Not Applicable

Zip

34285-2002

Country

USA

Zip

34285-2002

Country

USA

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

JAEGER-DRUM, HEIDE
121 VENICE AVENUE, WEST
VENICE FL 34285

Name

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

201 W. VENICE AVE.

VENICE

City

FL

Zip Code

34285-2002

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 *Heide Jaeger-Drum*
Signature, typed or printed name of registered agent and title if applicable.

President - Secretary
(NOTE: Registered Agent signature required when reinstating)

4/25/00
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	PS	<input type="checkbox"/> Delete
NAME	JAEGER-DRUM, HEIDE	
STREET ADDRESS	772 BIRD BAY DR N 201	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DRUM, KENNETH L.	
STREET ADDRESS	772 BIRD BAY DR N 201	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Heide Jaeger-Drum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

941-484-3667
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)