

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016553 AB

DOCUMENT # M98000000918

1. Entity Name  
MARTIN WEYRICH WINERY, LLC

00 APR 17 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4230 BUENA VISTA DRIVE PASO ROBLES CA 93446	Mailing Address 4230 BUENA VISTA DRIVE PASO ROBLES CA 93447-7003
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7003 Suite, Apt. #, etc.
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MNM

DO NOT WRITE IN THIS SPACE

City & State Paso Robles, CA	4. FEI Number 77-0487402	Applied For <input type="checkbox"/> Not Applicable
Zip 93447-7003	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
KAUFMAN, LAZ  
1605 N.W. 159TH  
MIAMI FL 33169

7. Name and Address of New Registered Agent  
Name: Robert Lee  
Street Address (P.O. Box Number is Not Acceptable): 1605 N.W. 159th  
City: Miami FL Zip Code: 33169

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: (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEYRICH, DAVID B 2550 CRESTON RIDGE RD. PASO ROBLES CA 93446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WEYRICH, MARY T 2550 CRESTON RIDGE RD. PASO ROBLES CA 93446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
800003229008--4 -04/28/00-01877-014 *****55.00 *****55.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: \_\_\_\_\_ DAYTIME PHONE #: 805/238-9234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER: **DAVID B. WEYRICH**  
Managing Member

CFR2E083 (9/99)