

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856259

1. Entity Name

VINEYARD BRANDS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90109 039 ***150.00

Principal Place of Business

2000 RESOURCE DRIVE
BIRMINGHAM AL 35242
US

Mailing Address

2000 RESOURCE DRIVE
BIRMINGHAM AL 35242-2995
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2217504

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

PERKINS, GREGG
3515 RIVERSIDE AVE
JACKSONVILLE FL 32205

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

Gregg Perkins, Vice-President

2/28/00

Signature, title 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	CD	<input type="checkbox"/> Delete
NAME	HAAS, ROBERT Z.	
STREET ADDRESS	1442 RIDGE ROAD	
CITY-ST-ZIP	TEMPLETON CA 93465	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASSAVOY, ROBERT	
STREET ADDRESS	2328 RIDGE TRAIL	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAAS, BARBARA S.	
STREET ADDRESS	1442 RIDGE ROAD	
CITY-ST-ZIP	TEMPLETON CA 93465	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAAS, DANIEL E.	
STREET ADDRESS	911 G STREET S.E.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEFF, JERRY L.	
STREET ADDRESS	3883 LOCKERBIE DR	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETROW, JAN	
STREET ADDRESS	69 GIRDLE RIDGE RD	
CITY-ST-ZIP	KATONAH NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1243 C Street SE	
CITY-ST-ZIP	Washington, DC 20003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry L. Neff, President

2/28/00

(205)980-8802

Date

Daytime Phone #