

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000249

1. Entity Name

PAUL HOBBS WINERY, LIMITED PARTNERSHIP

Principal Place of Business

707 HIDDEN ACRES ROAD
HEALDSBURG CA 95448

Mailing Address

707 HIDDEN ACRES ROAD
HEALDSBURG CA 95448-4632

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -4 PM 1:23

2. Principal Place of Business

3355 Gravenstein Hwy North

Suite, Apt. #, etc.

City & State

Sebastopol, CA

Zip

95472

Country

USA

3. Mailing Address

3355 Gravenstein Hwy North

Suite, Apt. #, etc.

City & State

Sebastopol, CA

Zip

95472

Country

USA

4. FEI Number

68-0251767

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGUSTAN WINE IMPORTS

1928 TIGER TAIL BLVD., BUILDING 12

DANIA FL 33004

Name

Augustan Wine Imports

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

3401 N. 29th AVENUE

City

Hollywood

FL

Zip Code

33020

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. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

X

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

HOBBS, PAUL
707 HIDDEN ACRES ROAD
HEALDSBURG CA 95448

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

000003128020--9

-02/08/00--0111--028

****141.25 ****141.25

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CITY - ST - ZIP

14. 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 General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/28/00