

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9300000 3745**

1. Entity Name

**King Estate Winery, Inc.**

Principal Place of Business

**80854 Territorial Hwy Eugene, OK 97405**

Mailing Address

**80854 Territorial Hwy Eugene, OK 97405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NDC - Mr. Chris Kearney  
441 SW 12th Ave  
Deerfield Beach, FL 33442**

4. FEI Number

**93-1072739**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

Signature, typed 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

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>King, Edward J Jr</b>	
STREET ADDRESS	<b>8741 Silver Saddle Dr</b>	
CITY-ST-ZIP	<b>Carefree, AZ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>King, Carolyn G</b>	
STREET ADDRESS	<b>8741 Silver Saddle Drive</b>	
CITY-ST-ZIP	<b>Carefree, AZ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Thels, Shelly M</b>	
STREET ADDRESS	<b>6130 Mission Dr</b>	
CITY-ST-ZIP	<b>Mission Hills, KS</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Innes, Rand</b>	
STREET ADDRESS	<b>1226 W 63rd Terrace</b>	
CITY-ST-ZIP	<b>Kansas City, MO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Innes, Michelle</b>	
STREET ADDRESS	<b>1226 W 63rd Terrace</b>	
CITY-ST-ZIP	<b>Kansas City, MO</b>	
TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>King, Edward James</b>	
STREET ADDRESS	<b>30414 Le Beau Rd.</b>	
CITY-ST-ZIP	<b>Eugene, OR 97405</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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:

**Ed King**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-10-00**

Date

**541-942-9874**

Daytime Phone #

**RE**

**FILED**

**00 JUL 12 PM 1:10**

**SECRETARY OF STATE  
TALLAHASSEE**

**80101596**

DO NOT WRITE IN THIS SPACE

**6/9/00 90215028 \$150.00**

CR2E034 (9/99)