

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003056

1. Entity Name

RMS VINEYARDS, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90018 002 \*\*\*150.00

Principal Place of Business

1250 CUTTINGS WHARF ROAD  
NAPA CA 94558

Mailing Address

1250 CUTTINGS WHARF ROAD  
NAPA CA 94559-9738

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

13-3212016

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

OHERA, FRANCES  
1201 HAYES ST.  
TALLAHASSEE FL 32301

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	DP	<input type="checkbox"/> Delete
NAME	ALSAC, PIERRE MICHEL	
STREET ADDRESS	11 PASSAGE FELIBIEN	
CITY-ST-ZIP	44000NANTES, FRANCE	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALMI, MARTIN P	
STREET ADDRESS	1350 AVE. OF THE STARS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FAUST, REBECCA	
STREET ADDRESS	1169 LIMERICK LANE	
CITY-ST-ZIP	HEALDSBURG CA 95448	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEYERS, DAVID	
STREET ADDRESS	1350 AVE. OF THE STARS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline Lee, Attorney-in-Fact

April 6, 2000 707 996-1100

Date

Daytime Phone #

CR2E034 (9/99)