

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005332

1. Entity Name
LAMBERT BRIDGE WINERY INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90014 025 ***150.00

Principal Place of Business
**4085 W DRY CREEK ROAD
HEALSBURG CA 95448**

Mailing Address
**4085 W DRY CREEK ROAD
HEALSBURG CA 95448-9117**

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 **68-0308769**

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

**LANO, CHRIS
1082 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMBERS, PATRICIA		NAME		
STREET ADDRESS	4085 W. DRY CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	HEALSBURG CA		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROYCE, ROBERT		NAME		
STREET ADDRESS	4085 W. DRY CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	HEALSBURG CA		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DONALD		NAME		
STREET ADDRESS	4085 W. DRY CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	HEALSBURG CA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROY, DAVID J		NAME		
STREET ADDRESS	4085 W DRY CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	HEALSBURG CA		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, JENNIFER A		NAME		
STREET ADDRESS	4085 W DRY CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	HEALSBURG CA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOROWSKY, KURT		NAME		
STREET ADDRESS	4085 W DRY CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	HEALSBURG CA		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

Date

Daytime Phone #

707 431-9600