

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002216

1. Entity Name

WOLAVER'S ENTERPRISE, LLC

FILED

00 APR 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

610 LAURENT STREET
SANTA CRUZ CA 95060

Mailing Address

610 LAURENT STREET
SANTA CRUZ CA 95060-3548

2. Principal Place of Business

206 Sacramento St.

Suite, Apt. #, etc.

Suite 214

3. Mailing Address

206 Sacramento St.

Suite, Apt. #, etc.

Suite 214

City & State

Nevada City, CA

City & State

Nevada City, CA

Zip

95959

Country

Zip

95959

Country

4. FEI Number

58-2419448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

660 East Jefferson Street

City

Tallahassee

FL

Zip Code

32301

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 changing agent)

ALLAN FARNELL

ASSISTANT SECRETARY

DATE

4/25/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS PANARAMA BREWING COMPANY
CITY-ST-ZIP 610 LAURENT STREET
SANTA CRUZ CA 95060

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS 206 Sacramento St., Ste. 214
CITY-ST-ZIP Nevada City, CA 95959

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003228898--9

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*****50.00 *****50.00

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE TO BE REGISTERED, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4-20-00

Daytime Phone #

(530) 478-0492