

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000409

1. Entity Name

PARDUCCI WINE ESTATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 15 PM 1:31

Principal Place of Business

501 PARDUCCI ROAD
UKIAH CA 95482-3015

Mailing Address

501 PARDUCCI ROAD
UKIAH CA 95482-3015

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

68-0384792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARZYK, STAN
13230 SW 32ND CT
DAVIE FL 33330

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM THOMA, CARL D ☐ Delete
STREET ADDRESS 501 PARDUCCI ROAD
CITY-ST-ZIP UKIAH CA 95482-3015

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 4000003183294--5
CITY-ST-ZIP -03/24/00--01115--010
*****50.00 *****50.00

TITLE NAME MGRM HILL, WILLIAM ☒ Delete
STREET ADDRESS 501 PARDUCCI ROAD
CITY-ST-ZIP UKIAH CA 95482-3015

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM MAYES, JOHN W ☒ Delete
STREET ADDRESS 501 PARDUCCI ROAD
CITY-ST-ZIP UKIAH CA 95482-3015

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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)(l), 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:

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

CARL THOMA, MANAGING MEMBER

3/6/00

Date

Daytime Phone #

CR2E089 (9/99)