

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M98000000918

1. Entity Name

MARTIN WEYRICH WINERY, LLC

00 APR 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4230 BUENA VISTA DRIVE
PASO ROBLES CA 93446

Mailing Address

4230 BUENA VISTA DRIVE
PASO ROBLES CA 93447-7003

2. Principal Place of Business

3. Mailing Address

P.O. Box 7003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Paso Robles, CA

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0487402

Applied For

Not Applicable

Zip

Country

Zip

Country

93447-7003

USA

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

KAUFMAN, LAZ
1605 N.W. 159TH
MIAMI FL 33169

Name

Robert Lee

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

1605 N.W. 159th

City

Miami

FL

Zip Code

33169

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEYRICH, DAVID B
2550 CRESTON RIDGE RD.
PASO ROBLES CA 93446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003229008-4
-04/28/00-01877-011
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
WEYRICH, MARY T
2550 CRESTON RIDGE RD.
PASO ROBLES CA 93446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

David B. Weyrich
DAVID B. WEYRICH
Managing Member

Date

Daytime Phone #

805/238-9234

CFR2083 (9/99)

0016553 AB