

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031051 AB

DOCUMENT # M98000000918

1. Entity Name  
MARTIN WEYRICH WINERY, LLC

Principal Place of Business  
4230 BUENA VISTA DRIVE  
PASO ROBLES CA 93446

Mailing Address  
P.O. BOX 7003  
PASO ROBLES CA 93447-7003

FILED

01 MAR 19 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 77-0487402

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

LEE, ROBERT  
1605 N.W. 159TH  
MIAMI FL 33169

Name Russ Foley, General Manager  
Johnson Brothers Liquor dba Wine Merchants

Street Address (P.O. Box Number is Not Acceptable)  
9380 Northwest 100th Street

City Medley

FL

Zip Code 33178

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 General Manager

2-12-001

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

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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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)(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 REQUIRED

David B. Weyrich

3/7/01

805/238-9234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)