

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90036 044 ****55.00

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**

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

**FOLEY, RUSS
9380 NORTHWEST 100TH STREET
MEDLEY FL 33178**

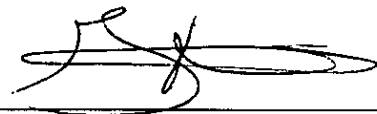
Name **Gianni Acireale**

Street Address (P.O. Box Number is Not Acceptable)
1217 Lake Bay Court

City **Winter Garden** **FL** Zip Code **34787**

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 Gianni Acireale
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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: David B. Weyrich **REQUIRED** **David B. Weyrich, Managing Member 805/238-9234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 3/14/02 Daytime Phone #

CR2E083 (9/01)