

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12186

1. Entity Name

BUENA VISTA WINERY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90047 002 ***158.75

Principal Place of Business

Mailing Address

27000 RAMAL ROAD
SONOMA CA 95476
US

P.O. BOX 182
SONOMA CA 95476-0182
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-1656704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME PARSLEY, HARRY R
STREET ADDRESS 24500 RAMAL RD
CITY-ST-ZIP SONOMA CA ☐ Delete

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

TITLE VT
NAME KASPER, PETER
STREET ADDRESS 12480 WOLF RUN ROAD
CITY-ST-ZIP GLEN ELLEN CA ☐ Delete

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

TITLE SV
NAME SCHUE, JULIE L
STREET ADDRESS 889 VERANO AVE (P.O. BOX 134)
CITY-ST-ZIP SONOMA CA ☐ Delete

TITLE
NAME
STREET ADDRESS 1260 Bragg Street
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME MERKELBACH, HARTMUT
STREET ADDRESS ELISENHOEHE 52
CITY-ST-ZIP 55411 BINGEN/RHEIN GE ☐ Delete

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

TITLE D
NAME EBERHARD CADENBACH
STREET ADDRESS SCHOENBERGER STRASSE
CITY-ST-ZIP 33619 BIGLEFELD GE ☐ Delete

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

TITLE CD
NAME MOLLER-RACKE, MARCUS
STREET ADDRESS WALDSTR. 21
CITY-ST-ZIP 55411 BINGEN/RHEIN GE ☐ Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Kasper, Vice President

2/23/00

Date

(707) 252-7117

Daytime Phone #

CR2E034 (9/99)