

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11/01-90451-014-\$150.00-\$150.00

DOCUMENT # P13746

1. Entity Name

ROSEMOUNT ESTATES, INC.

Principal Place of Business

Mailing Address

561 FIRST STREET WEST  
SONOMA CA 95376  
US

561 FIRST STREET WEST  
SONOMA CA 95376  
US

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 68-0101403

Applied For

Not Applicable

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

JACOBSON, DONNA J  
4084 N.W. 7TH PLACE  
DEERFIELD BEACH FL 33442

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation FL Zip Code 33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

6/5/01

Signature, typed or printed name of registered agent and title if applicable (If the 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OATLEY, ROBERT IAN 18 HERBERT STREET AUSTRALIA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GAY, JOHN WOOD PO BOX 974 #54 HOFF RD KENWOOD CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANCOCK, CHRISTOPHER R. 18 HERBERT STREET AUSTRALIA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT John S. Hamilton 561 First Street West Sonoma, CA 95376 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter J. Cleaves 18 Herbert Street Artarmon, NSW 2064 Australia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy R. Matz 600 Garden Court #220 Monterey, CA 93940 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John S. Hamilton

John S. Hamilton

4/25/01

707-996-4504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 22, 2001

ROSEMOUNT ESTATES, INC.  
561 FIRST STREET WEST  
SONOMA, CA 95376 US

Subject: ROSEMOUNT ESTATES, INC.

Reference            **P13746-**  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE  
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX  
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE  
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the  
Division of Corporations at (850) 488-9000.

/mp  
ANNUAL REPORTS SECTION