

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90131 006 ***550.00

DOCUMENT # P15356

1. Entity Name
SEBASTIANI VINEYARDS, INC.

Principal Place of Business

**389 FOURTH STREET, EAST
 SONOMA CA 95476**

Mailing Address

**P O BOX AA
 SONOMA CA 95476
 US**

2. Principal Place of Business

3. Mailing Address

389 Fourth Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
 Sonoma, California**

4. FEI Number

94-2189646

Applied For

Not Applicable

Zip

Country

Zip

Country

95476

USA

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

**HALM, BARBARA
 2968 BAYSHORE POINTE DR
 TAMPA FL 33611**

**Name
 Michael Brooks**

**Street Address (P.O. Box Number is Not Acceptable)
 6537 Windsor Drive**

City Parkland FL Zip Code 33067

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 *Michael Brooks*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Brooks 7-29-02

**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, 2002 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 P ☐ Delete
NAME CUNEO, MARYANN, SEBASTIAN
STREET ADDRESS 700 DENMARK ST.
CITY-ST-ZIP VINEBURG CA

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

TITLE CST ☐ Delete
NAME CUNEO, RICHARD A.
STREET ADDRESS 700 DENMARK STREET
CITY-ST-ZIP VINEBURG CA

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

TITLE D ☐ Delete
NAME SEBASTIANI, SYLVIA E.
STREET ADDRESS 247 FOURTH STREET EAST
CITY-ST-ZIP SONOMA CA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)