

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16297

1. Entity Name

JEPSON VINEYARDS, LTD. CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90175 007 ***150.00

Principal Place of Business

Mailing Address

10400 S. HIGHWAY 101
UKIAH CA 95482

10400 S. HIGHWAY 101
UKIAH CA 95482-9613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2985748

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

LARKIN, BOB
PACIFIC SOUTHERN WINE CO
1460 S.E. 14TH COURT
DEERFIELD BEACH FL 33441

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 VC ☐ Delete
NAME JEPSON, ROBERT S., JR.
STREET ADDRESS 1 SKIDWAY VILLAGE WALK
CITY-ST-ZIP SAVANNAH GA

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

TITLE T ☐ Delete
NAME JEPSON, ROBERT S III
STREET ADDRESS 10400 S HWY 101
CITY-ST-ZIP UKIAH CA 95482

TITLE President, COO ☒ Change ☐ Addition
NAME Jepson, Robert S. III
STREET ADDRESS 10400 South Hwy. 101
CITY-ST-ZIP Ukiah, CA 95482

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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2000

Date

Daytime Phone #

CR2E034 (9/99)