

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20393

1. Entity Name

RAYMOND VINEYARD & CELLAR, INCORPORATED

Principal Place of Business

849 ZINFANDEL LANE  
ST. HELENA CA 94574

Mailing Address

849 ZINFANDEL LANE  
ST. HELENA CA 94574-1645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICK, MEL  
SOUTHERN WINE SPIRITS  
1600 NW 163RD  
MIAMI FL 33169

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 PD  
NAME RAYMOND, ROY JR.  
STREET ADDRESS 555 WHEELER WAY  
CITY-ST-ZIP ST. HELENA CA ☐ Delete

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

TITLE SD  
NAME RAYMOND, WALTER  
STREET ADDRESS 1522 CHABLIS CIRCLE  
CITY-ST-ZIP ST. HELENA CA ☐ Delete

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

TITLE D  
NAME MASUDA, TAKESKI  
STREET ADDRESS 2435 ALLEGHERY DR  
CITY-ST-ZIP NAPA CA 94558 ☐ Delete

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

TITLE D  
NAME SATO, YASUHIRO  
STREET ADDRESS 2-12-4 MINAMI-NARUSE, MACHIDA-SHI  
CITY-ST-ZIP TOKYO, JAPAN ☐ Delete

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

TITLE D  
NAME HATAKEYAMA, TSUNEJI  
STREET ADDRESS 2257 FOX GLEN DRIVE  
CITY-ST-ZIP FAIRFIELD CA ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

WALTER RAYMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 (707)963-3141

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)