

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90006 018 ***150.00

DOCUMENT # P30210

1. Corporation Name

RENAISSANCE VINEYARD & WINERY, INCORPORATED

Principal Place of Business

P.O. BOX 1000
OREGON HOUSE CA 95962
US

Mailing Address

P.O. BOX 1000
OREGON HOUSE CA 95962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1990

4. FEI Number

94-2493221

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBENSTEIN, IRV
1600 N W 163RD ST
MIAMI FL 33169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

RAMEY, GRANT

STREET ADDRESS

12585 RICE'S CROSSING RD

CITY-ST-ZIP

OREGON HOUSE CA

TITLE

SD

☐ DELETE

NAME

CONEY, WILLIAM

STREET ADDRESS

10241 CANDLEWOOD WAY

CITY-ST-ZIP

OREGON HOUSE CA

TITLE

PD

☐ DELETE

NAME

HARVEY, PAUL

STREET ADDRESS

13322 RUE MONTAIGNE

CITY-ST-ZIP

OREGON HOUSE CA

TITLE

T

☐ DELETE

NAME

CATON, HELEN

STREET ADDRESS

12585 RICES CROSSING RD

CITY-ST-ZIP

OREGON HOUSE CA

TITLE

M

☒ DELETE

NAME

GRANADOS, JOSEPH

STREET ADDRESS

12585 RICES CROSSING RD

CITY-ST-ZIP

OREGON HOUSE CA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen Caton **HELEN CATON** 42899 530-692-3182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)