

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90011 017 ***150.00

DOCUMENT # P30210

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2493221**

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

CELEBRATION MARKETING, INC
414 LAKESHORE DRIVE
LAKE PARK FL 33403

Name
Cellarbration Marketing Inc
 Street Address (P.O. Box Number is Not Acceptable)
414 Lakeshore Drive
 City
Lake Park FL Zip Code
33403

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
RAMEY, GRANT
12585 RICE'S CROSSING RD
OREGON HOUSE CA ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
CONEY, WILLIAM
10241 CANDLEWOOD WAY
OREGON HOUSE CA ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
Ronald Windsor
12180 Regent Way
Oregon House, CA 95962 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
HARVEY, PAUL
13322 RUE MONTAIGNE
OREGON HOUSE CA ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
Tim Quarterly - Watson
12624 Regent Way
Oregon House, CA 95962 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
CATON, HELEN
12585 RICES CROSSING RD
OREGON HOUSE CA ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
Anna Romano
13838 INGERSOLL DRIVE
Dobbins, CA 95935 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 530-692-8207
 Date Daytime Phone #

CR2E034 (10/00)