

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043401

1. Entity Name

PANORAMA BREWING COMPANY

FILED

00 APR 26 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

206 SACRAMENTO STREET, Ste. 214
NEVADA CITY CA 95959

Mailing Address

206 SACRAMENTO STREET, Ste. 214
NEVADA CITY CA 95959-2641

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 214

City & State

3. Mailing Address

Suite, Apt. #, etc.

Suite 214

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
POST OFFICE BOX 2491
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

660 East Jefferson Street

City

Tallahassee

FL

Zip Code

32301

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)

ALLAN FARNELL
ASSISTANT SECRETARY

4/25/00

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

TITLE P ☐ Delete

NAME GLORFIELD, JOSEPH K
STREET ADDRESS 610 LAURENT ST
CITY-ST-ZIP SANTA CRUZ CA 95060

TITLE D ☐ Delete

NAME WOLAVER, MORGAN
STREET ADDRESS 2424 WROXTON RD
CITY-ST-ZIP HOUSTON TX 77005

TITLE D ☐ Delete

NAME WOLAVER, ROBERT
STREET ADDRESS 4417-B KAHILI MAKI STREET
CITY-ST-ZIP KILAUEA HI 96754

TITLE VP ☐ Delete

NAME MCCORMICK, TOM
STREET ADDRESS 1865 HILLISH ROCK RD
CITY-ST-ZIP MEADOW VISTA CA 95722

TITLE S ☐ Delete

NAME GLORFIELD, JILAN
STREET ADDRESS 610 LAURENT ST
CITY-ST-ZIP SANTA CRUZ CA 95060

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 15256 KILHAM CIRCLE
CITY-ST-ZIP NEVADA CITY, CA 95959

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 337 Long Street
CITY-ST-ZIP Nevada City, CA 95959

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 15256 KILHAM CIRCLE
CITY-ST-ZIP NEVADA CITY, CA 95959

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:

PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

530-478-0492

Daytime Phone #

CR20034 10/00