

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
 04-23-2002 90424 003 \*\*\*150.00

0392474 AT

**DOCUMENT # P97000043401**

1. Entity Name  
**PANORAMA BREWING COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**206 SACRAMENTO STREET  
 SUITE 214  
 NEVADA CITY CA 95959  
 S**

Mailing Address

**206 SACRAMENTO STREET  
 SUITE 214  
 NEVADA CITY CA 95959  
 S**

2. Principal Place of Business

**409 Spring St.**

3. Mailing Address

**409 Spring St.**

City & State

**Nevada City, CA**

City & State

**Nevada City, CA**

4. FEI Number

**59-3447237**

Applied For

Not Applicable

Zip

**95959**

Country

**USA**

Zip

**95959**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 660 EAST JEFFERSON STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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 **568 EAST BROAD ST**  
 CITY-ST-ZIP **NEVADA CITY CA 95959**

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 **337 LONG STREET**  
 CITY-ST-ZIP **NEVADA CITY CA 95959**

TITLE **S** ☐ Delete  
 NAME **GLORFIELD, JILAN**  
 STREET ADDRESS **568 EAST BROAD ST**  
 CITY-ST-ZIP **NEVADA CITY CA 95959**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11191 Silver Willow Lane**  
 CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11191 Silver Willow Lane**  
 CITY-ST-ZIP

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 REQUIRED**

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

**4/11/02 530-478-0492**

Date

Daytime Phone #

CF2E034 (9/01)