## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND

SIGNATURE:

## **FILED** Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # P21154** SIERRA NEVADA BREWING CO. 02-07-2001 90178 046 \*\*\*158.75 Principal Place of Business Mailing Address 1075 E 20TH STREET 1075 E 20TH STREET CHICO CA 95928 CHICO CA 95928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 68-0025654 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOAR, TIMOTHY 711 PARK AVENUE SANFORD FL 32771-2536 <u>9</u>1 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE \_\_\_ Change ☐ Delete TITLE ☐ Addition HARRISON, STEVEN NAME NAME 5 STANSBURY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICO CA 95928 CITY-ST-ZIP PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GROSSMAN, KENNETH NAME STREET ADDRESS 5179 PINE WAY STREET ADDRESS CITY-ST-ZIP **FOREST RANCH CA 95942** CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition BISHOP, PENNY NAME NAME STREET ADDRESS 1369-HUMBOLDT AVE: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICO CA 95928 MILLO, CA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition 4. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

NG OFFICER OR DIRECTO