

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90072 040 ***150.00

DOCUMENT # P31962
 1. Entity Name
FREY VINEYARDS, LTD. CORPORATION

Principal Place of Business 14000 TOMKI ROAD REDWOOD VALLEY CA 95470		Mailing Address 14000 TOMKI RD. REDWOOD VALLEY CA 95470-9532 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **94-2672520** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent APPLE-A-DAY BRUCE HEIMAN 1934 RAINFOREST TR SARASOTA FL 34240		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 _____ (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, 2000, Fee will be \$350.00. **Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, PAUL	NAME	
STREET ADDRESS	14000 TOMKI ROAD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, JONATHAN	NAME	
STREET ADDRESS	14000 TOMKI ROAD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, MATTHEW	NAME	
STREET ADDRESS	14000 TOMKI ROAD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, KATRINA	NAME	
STREET ADDRESS	14000 TOMKI RD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Paul Frey **PAUL FREY** 1/14/00 707-485-5171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #