

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812149

1. Entity Name

TRI-VALLEY GROWERS (A COOPERATIVE ASSOCIATION)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90092 008 \*\*\*\*61.25

Principal Place of Business 12667 ALCOSTA BOULEVARD P.O. BOX 5580 (ATTN: TAX DEPT.) SAN RAMON CA 94583-0587 US	Mailing Address 12667 ALCOSTA BOULEVARD P.O. BOX 5580 (ATTN: TAX DEPT.) SAN RAMON CA 94583-0587 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 94-0934140	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> Delete
NAME	SHAW, JEFFREY
STREET ADDRESS	12667 ALCOSTA BOULEVARD
CITY-ST-ZIP	SAN RAMON CA 94583-0587
TITLE	D1VC <input type="checkbox"/> Delete
NAME	BAINS, JASWANT S
STREET ADDRESS	12667 ALCOSTA BOULEVARD
CITY-ST-ZIP	SAN RAMON CA 94583-0587
TITLE	D2VP <input checked="" type="checkbox"/> Delete
NAME	THOMAS, A.R. TOM
STREET ADDRESS	12667 ALCOSTA BOULEVARD
CITY-ST-ZIP	SAN RAMON CA 94583-0587
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CIKER, CARL
STREET ADDRESS	12667 ALCOSTA BOULEVARD
CITY-ST-ZIP	SAN RAMON CA 94583-0587
TITLE	D <input type="checkbox"/> Delete
NAME	HEMLY, DOUG
STREET ADDRESS	12667 ALCOSTA BOULEVARD
CITY-ST-ZIP	SAN RAMON CA 94583-0587
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCHLINDWEIN, JAMES A
STREET ADDRESS	12667 ALCOSTA BOULEVARD
CITY-ST-ZIP	SAN RAMON CA 94583-0587

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VICE PRESIDENT - FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	RICHARD L. CLAIBORN
STREET ADDRESS	12667 ALCOSTA BLVD
CITY-ST-ZIP	SAN RAMON, CA 94583-0587
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	KARMEDEEP BAINS
STREET ADDRESS	12667 ALCOSTA BLVD
CITY-ST-ZIP	SAN RAMON, CA 94583-0587
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	JIM SALISBURY
STREET ADDRESS	12667 ALCOSTA BLVD.
CITY-ST-ZIP	SAN RAMON, CA 94583-0587
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	JEFFREY A. ARAMBEL
STREET ADDRESS	12667 ALCOSTA BLVD.
CITY-ST-ZIP	SAN RAMON, CA 94583-0587

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/13/00

Date

Daytime Phone #