

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001568

1. Entity Name

NIEBAUM COPPOLA ESTATE WINERY, INC.



Principal Place of Business

1991 ST HELENA HWY
RUTHERFORD, CA 94573

Mailing Address

PO BOX 208
RUTHERFORD, CA 94573



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number

68-0279391

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

DICK, MEL
1600 NW 163RD ST.
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARTIN, ERLE
STREET ADDRESS 1991 ST. HELENA HWY
CITY - ST - ZIP RUTHERFORD, CA

TITLE V
NAME WANG, GORDON
STREET ADDRESS 1991 ST. HELENA HWY
CITY - ST - ZIP RUTHERFORD, CA

TITLE S
NAME GALPER, GISELLE
STREET ADDRESS 1991 ST. HELENA HWY
CITY - ST - ZIP RUTHERFORD, CA

TITLE T
NAME SHOEMAKER, JAY
STREET ADDRESS 1991 ST. HELENA HWY
CITY - ST - ZIP RUTHERFORD, CA

TITLE D
NAME COPPOLA, FRANCIS F
STREET ADDRESS 1991 ST. HELENA HWY
CITY - ST - ZIP RUTHERFORD, CA

TITLE D
NAME COPPOLA, ELEANOR
STREET ADDRESS 1991 ST. HELENA HWY
CITY - ST - ZIP RUTHERFORD, CA

000000010778
01/23/04-80011-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #