

2002

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90414 028 ***150.00

DOCUMENT # F93000001920

1. Entity Name
HANZELL VINEYARDS, LTD. CORPORATION ✓

Principal Place of Business
**18596 LOMITA AVE.
SONOMA CA 95476**

Mailing Address
**18596 LOMITA AVE.
SONOMA CA 95476**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2280007**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUGUSTAN WINE IMPORTS
3401 NORTH 29TH AVE
HOLLYWOOD FL 33020**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **DT DOBSON, T S** Delete
STREET ADDRESS **407 8TH AVE., SW. #406**
CITY-ST-ZIP **CALGARY, ALBERTA, CANADA**

TITLE NAME Change Addition

TITLE NAME **P SESSIONS, ROBERT** Delete
STREET ADDRESS **18596 LOMITA AVE.**
CITY-ST-ZIP **SONOMA CA**

TITLE NAME **DIRECTOR** Change Addition

TITLE NAME **C BRITTON, WILLIAM I** Delete
STREET ADDRESS **855 2ND ST SW 4500 BANKERS HALL EAST**
CITY-ST-ZIP **CALGARY ALBERTA CA**

TITLE NAME **PRESIDENT JEAN L. ARNOLD** Change Addition
STREET ADDRESS **5535 SEBASTOPOL RD**
CITY-ST-ZIP **SEBASTOPOL, CA 95476**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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 empowered.

SIGNATURE:

Jean L. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN L. ARNOLD

5/8/02

707/996-3860