

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-03-2001 91006 018 ***150.00

DOCUMENT # F93000002908

1. Entity Name
SUGARLOAF FARMING CORPORATION

Principal Place of Business Mailing Address
12400 IDA CLAYTON ROAD 12400 IDA CLAYTON ROAD
CALISTOGA CA 94515 CALISTOGA CA 94515

4120

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-2847796** Applied For
 Not Applicable

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

AUSTIN, EDWARD H
1716 MANOR DR.
COCOA FL 32922 **DELETE**

Name **Connie Miels-Perry**
 Street Address (P.O. Box Number is Not Acceptable)
15941 SW 20th Street
 City **Miramar** **FL** Zip Code **33027**

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 **Connie Miels-Perry**
Signature, in ink or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/01**

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	P	<input type="checkbox"/> Delete
NAME	RODDE, SCOTT	
STREET ADDRESS	1500 3RD ST., STE. D	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VYENIELO, WILLIAM	
STREET ADDRESS	5832 LA CUESTA DR.	
CITY-ST-ZIP	SANTA ROSA CA 95409	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORRICK, HERRINGTON S	
STREET ADDRESS	666 5TH AVE	
CITY-ST-ZIP	NEW YORK NY 10103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **VP/Sm** **4/19/01** **(707) 942-4459**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)