

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # F94000000194**1. Entity Name
MOMOKAWA SAKE, LTD., INC.

Principal Place of Business	Mailing Address
820 ELM ST	820 ELM ST
FOREST GROVE	FOREST GROVE
97116	97116
US	US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
93-1075146Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.PLANTATION
33324 US FL**7. Name and Address of New Registered Agent**

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 _____ **02/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LAGOOD JEFFREY	
STREET ADDRESS	33100 SW LAUREL RD	
CITY-ST-ZIP	HILLSBORO	OR 97123

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER DONALD	
STREET ADDRESS	574 SE 28TH PLACE	
CITY-ST-ZIP	HILLSBORO	OR 97123

TITLE	ST	<input type="checkbox"/> Delete
NAME	FROST DAVID G	
STREET ADDRESS	1191 NE 3RD AVE.	
CITY-ST-ZIP	HILLSBORO	OR 97124

TITLE	P	<input type="checkbox"/> Delete
NAME	FROST GRIFFITH	
STREET ADDRESS	2258 NE JAMIE DRIVE	
CITY-ST-ZIP	HILLSBORO	OR 97124

TITLE	T	<input type="checkbox"/> Delete
NAME	TIMMONS ROBERT	
STREET ADDRESS	1335 SW 66TH AVE APT 301	
CITY-ST-ZIP	PORTLAND	OR 97225

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST GRIFFITH	
STREET ADDRESS	1579 NE 65TH AVE.	
CITY-ST-ZIP	HILLSBORO	OR 97124

TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS ROBERT CFO	
STREET ADDRESS	1335 SW 66TH AVE APT 301	
CITY-ST-ZIP	PORTLAND	OR 97225

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: ROBERT TIMMONS

CFO 02/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**RICHARD MAHER, DIRECTOR
PO BOX 1009**

ST HELENA, CA 94574

**MARK WILSON, CHIEF PRODUCTION OFFICER
2914 NE 44TH**

PORTLAND, OR 97213