

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90185 022 ***150.00

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DOCUMENT # F94000002304

1. Entity Name
FAR NIENTE WINERY, INC.

Principal Place of Business P.O. BOX 327 OAKVILLE CA 94562	Mailing Address P.O. BOX 327 OAKVILLE CA 94562
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 68-0290928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, ANNE
1600 N.W. 163RD ST.
MIAMI FL 33169

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGUIRE, LARRY 115 DAHLIA ST. ST. HELENA CA 94574 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMPSON, DIRK 1581 OAKVILLE GRADE RD. OAKVILLE CA 94562 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORREL, REECE 5310 E. 31ST ST. TULSA OK <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKEL, GIL 115 ABBEY PEAK RD. INCLINE VILLAGE NV 89450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARWOOD, LAURA E 8801 HOLLYLEAF DR WINDSOR CA 94592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 MEADOWOOD LANE ST HELENA CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 MADRONA ROAD ST HELENA CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #1 ACACIA DRIVE OAKVILLE CA 94562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: **REQUIRED** **LAURA HARWOOD, CFO AND TREASURER** 1/16/02
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)