

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90272 036 ***150.00

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



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 **68-0290928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, ANNE

1600 N.W. 163RD ST.

MIAMI FL 33169

Name

BOOTH, LYNN

Street Address (P.O. Box Number is Not Acceptable)

1600 NW 163 ST

City

MIAMI

FL

Zip Code
33169

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MAGUIRE, LARRY**
CITY-ST-ZIP **540 MEADOWOOD LANE**
ST. HELENA CA 94574

TITLE ☐ Change ☒ Addition
NAME **PARTNER**
STREET ADDRESS **NICKEL, ERIK**
CITY-ST-ZIP **573 VALLEJO ST, NAPA CA 94562**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HAMPSON, DIRK**
CITY-ST-ZIP **150 MADRONA ROAD**
SAINT HELENA CA 94574

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MORREL, REECE**
CITY-ST-ZIP **5310 E. 31ST ST.**
TULSA OK

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NICKEL, GIL**
CITY-ST-ZIP **#1 ACACIA DRIVE**
OAKVILLE CA 94562

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HARWOOD, LAURA E**
CITY-ST-ZIP **8801 HOLLYLEAF DR**
WINDSOR CA 94592

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA HARWOOD, CFO AND TREASURER 707-9442861

Date

Daytime Phone #

CR2E034 (10/02)