

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90187 014 ***158.75

DOCUMENT # F94000002311

1. Entity Name

ARROWOOD VINEYARDS AND WINERY (CORPORATION)

Principal Place of Business

**14347 SONOMA HWY.
GLEN ELLEN CA 95442**

Mailing Address

**P.O. BOX 1240
GLEN ELLEN CA 95442
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Oakville, CA**

Zip

Country

Zip

94562

Country

USA

4. FEI Number **68-0257219**

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

**DICK, MEL
1600 N.W. 163RD ST.
MIAMI FL 33160**

Name

Bond, William J.

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

12018 Dunmore Court

City **Orlando**

FL

Zip Code

32821

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	ARROWOOD, RICHARD L	
STREET ADDRESS	14347 SONOMA HWY	
CITY-ST-ZIP	GLEN ELLEN CA 95442	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARROWOOD, ALIS	
STREET ADDRESS	14347 SONOMA HWY	
CITY-ST-ZIP	GLEN ELLEN CA 95442	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARROWOOD, KERRY	
STREET ADDRESS	66 NOONAN RANCH CR	
CITY-ST-ZIP	SANTA ROSA CA 95406	
TITLE	TVP	<input checked="" type="checkbox"/> Delete
NAME	LINDSTROM, KATHRYN	
STREET ADDRESS	855 WILDWOOD TRAIL	
CITY-ST-ZIP	SANTA ROSA CA 95409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mondavi, R. Michael	
STREET ADDRESS	5593 Silverado Trail, St. Helena, CA 94558	
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salvo, Henry J., Jr.	
STREET ADDRESS	2030 Calle Los Callados	
CITY-ST-ZIP	Diablo, CA 94528	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beyer, Michael K.	
STREET ADDRESS	1430 Jefferson St.	
CITY-ST-ZIP	San Francisco, CA 94123	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26 Jan. 01 (707) 251-4562

CR2E034 (10/00)