

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005537

1. Entity Name

GREENFIELD WINE COMPANY

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91000 022 \*\*\*150.00

L0059579



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3222 EHLERS LANE  
 ST. HELENA CA 94574

Mailing Address

PO BOX 452  
 ST. HELENA CA 94574

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 68-0224311

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

TROPICAL WINES, INC.  
 3000-6 NW 25TH AVE  
 POMPANO BCH FL 33069

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

Signature, typed or printed name of registered agent and title if 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 PC  
 NAME CARTLIDGE, TONY  
 STREET ADDRESS 2790 SPRING ST.  
 CITY-ST-ZIP ST. HELENA CA 94574 ☐ Delete

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

TITLE STVC  
 NAME TOPPING, HARRY  
 STREET ADDRESS 942 COUNTRY CLUB LN  
 CITY-ST-ZIP SONOMA CA 95476 ☐ Delete

TITLE CFO-SEC/TREAS  
 NAME HARRY TOPPING  
 STREET ADDRESS 836 PRINCETON DR.  
 CITY-ST-ZIP SONOMA, CA 95476 ☒ Change ☐ Addition

TITLE D  
 NAME GREENWOOD, BRIAN  
 STREET ADDRESS 1056 POMONA AVE.  
 CITY-ST-ZIP ALBANY CA 94796 ☐ Delete

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

TITLE D  
 NAME BROWNE, GLENN  
 STREET ADDRESS 416 TROON DR.  
 CITY-ST-ZIP NAPA CA 94558 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE DIR  
 NAME ROBERT BABBE  
 STREET ADDRESS 2232 PORT ABERDEEN  
 CITY-ST-ZIP NEWPORT BEACH, CA 92660 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE DIR  
 NAME PAUL MOSER  
 STREET ADDRESS 225 BROOKSIDE DR.  
 CITY-ST-ZIP ANGLWIN, CA 94508 ☐ Change ☒ 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: [Signature] ATTY-IN-FACT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (707) 963-3200  
 Date Daytime Phone #

CR2E034 (10/00)