

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90320 035 \*\*\*150.00

**DOCUMENT # F95000005537**

1. Entity Name

**GREENFIELD WINE COMPANY**

Principal Place of Business

**9222 EHLERS LANE  
 ST. HELENA CA 94574**

Mailing Address

**PO BOX 452  
 ST. HELENA CA 94574**

2. Principal Place of Business

**205-B JIM OSWALD WAY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**AMERICAN CYN., CA**

City & State

Zip

Country

**94503 NAPA**

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

**TROPICAL WINES, INC.**

**3000-6 NW 25TH AVE**

**POMPANO BCH FL 33069**

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

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, 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 **PC** ☐ Delete  
 NAME **CARTLIDGE, TONY**  
 STREET ADDRESS **2790 SPRING ST.**  
 CITY-ST-ZIP **ST. HELENA CA 94574**

TITLE **CFOS** ☐ Delete  
 NAME **TOPPING, HARRY**  
 STREET ADDRESS **836 PRINCETON DR**  
 CITY-ST-ZIP **SONOMA CA 95476**

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

TITLE **D** ☐ Delete  
 NAME **BABBE, ROBERT**  
 STREET ADDRESS **2232 PORT ABERDEEN**  
 CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **D** ☐ Delete  
 NAME **MOSER, PAUL**  
 STREET ADDRESS **225 BROOKSIDE DR**  
 CITY-ST-ZIP **ANGWIN CA 94508**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 OF REGISTERED AGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02 (707) 552-5199**  
 Date Daytime Phone #

CR2E034 (9/01)