

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000002440**

1. Entity Name

ASSOCIATED VINTAGE GROUP, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 036 ***150.00

Principal Place of Business 9119 GRATON ROAD GRATON CA 95444 US	Mailing Address P.O. BOX D GRATON CA 95444-0400
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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	Zip	Country

4. FEI Number 68-0305417	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 SUBERS, GARY 19168 DOGWOOD RD., SUITE B FT. MYERS FL 33912		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GODWIN, RICHARD P 13422 CHALK HILL RD. HEALDSBURG CA 95448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Executive Vice-Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GODWIN, Kent F. 4732 Devonshire Place Santa Rosa, CA 95405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEMPHILL, ALLAN J 7500 DRY CREEK RD. GEYERSVILLE CA 95441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas, CFO, Vice-Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EAKIN, Thomas R. 4612 Morris Court East Santa Rosa, CA 95405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GODWIN, REATHA T 13422 CHALK HILL RD. HEALDSBURG CA 95448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of The Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GODWIN, REATHA 13422 Chalk Hill Road Healdsburg, CA 95448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAMSKEY, KERRY R 422 WOODRIDGE CT. GEYERSVILLE CA 95441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAHER, Richard L. 301 Deerpark Road St. Helena, CA 94575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEIGON, William L. 2630 Wimbledon Street Napa, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Kent Godwin Kent Godwin, Executive VP 1/18/00 (707) 829-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1014 (MAY)