

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002746

1. Entity Name

ANDERSON'S CONN VALLEY WINERY INC

Principal Place of Business

680 ROSSI RD  
ST HELENA, CA 94574

Mailing Address

SAME

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-2883069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE CO  
1201 HAYS ST STE 105  
TALLAHASSEE FL 32301

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, 2000 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	CHAIRMAN	<input type="checkbox"/> Delete
NAME	GUS ANDERSON	
STREET ADDRESS	680 ROSSI RD	
CITY-ST-ZIP	ST HELENA, CA 94574	
TITLE	P	<input type="checkbox"/> Delete
NAME	TODD ANDERSON	
STREET ADDRESS	2624 COLOMBARD CT	
CITY-ST-ZIP	ST HELENA, CA 94574	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DANA ANDERSON	
STREET ADDRESS	2624 COLOMBARD CT	
CITY-ST-ZIP	ST HELENA, CA 94574	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHYLLIS ANDERSON	
STREET ADDRESS	680 ROSSI RD	
CITY-ST-ZIP	ST HELENA, CA 94574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: Todd Anderson TODD ANDERSON

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90095 037 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE