

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001018

1. Entity Name

KENDALL-JACKSON WINE ESTATES, LTD., A DELAWARE C

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90168 005 ***150.00

Principal Place of Business

425 AVIATION BLVD
ATTENTION LEGAL DEPT.
SANTA ROSA CA 95403

Mailing Address

425 AVIATION BLVD
ATTENTION LEGAL DEPT.
SANTA ROSA CA 95403

2. Principal Place of Business

425 Aviation Blvd.

Suite, Apt. #, etc.

3. Mailing Address

425 Aviation Blvd.

Suite, Apt. #, etc.

City & State

Santa Rosa, CA

Zip

95403-1069

Country

U.S.A.

City & State

Santa Rosa, CA

Zip

95403-1069

Country

U.S.A.

4. FEI Number 94-3040414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, MIKE
8177 GLADES ROAD
SUITE 202
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office of 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

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

3.16.01

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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	CAIRNEY, LEONARD	
STREET ADDRESS	421 AVIATION BLVD	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GINSBURG, PAUL M	
STREET ADDRESS	421 AVIATION BLVD.	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLIFTON, RANDALL	
STREET ADDRESS	421 AVIATION BLVD	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAPPELO, RAMONA L	
STREET ADDRESS	421 AVIATION BLVD	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAARSTAD, MICHAEL C	
STREET ADDRESS	421 AVIATION BLVD	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHEA, CHARLES P JR	
STREET ADDRESS	421 AVIATION BLVD	
CITY-ST-ZIP	SANTA ROSA CA 95403	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/01 (707) 544-4000

CR2E034 (10/00)