

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**  
 03-05-2002 90140 025 \*\*\*150.00

0616943 AT

**DOCUMENT # F98000005300**

1. Entity Name  
**HARLAN ESTATE WINERY, INC.**

Principal Place of Business

~~P.O. BOX 352~~  
**1551 OAKVILLE GRADE**  
**OAKVILLE CA 94562**

Mailing Address

**P.O. BOX 352**  
**1551 OAKVILLE GRADE**  
**OAKVILLE CA 94562**

2. Principal Place of Business

**1551 Oakville Frade**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 352**

Suite, Apt. #, etc.

City & State

**Oakville, CA**

Zip  
**94562**

Country

**USA**

City & State

**Oakville, CA**

Zip  
**94562**

Country

**USA**

4. FEI Number

**68-0172004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CP**  
**HARLAN, H. WILLIAM**  
**1551 OAKVILLE GRADE**  
**OAKVILLE CA 94562** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**BECK HARLAN, DEBORAH**  
**1551 OAKVILLE GRADE**  
**OAKVILLE CA 94562** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVS**  
**WEAVER, DONALD**  
**1551 OAKVILLE GRADE**  
**OAKVILLE CA 94562** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TCFO**  
**LEVY, ROBERT J**  
**1551 OAKVILLE GRADE**  
**OAKVILLE CA 94562** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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:

**WILLIAM HARLAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-02** (707) 944-1441

Date

Daytime Phone #

CR2E034 (9/01)