

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000002351**

1. Entity Name

**F. KORBEL & BROS., INC.****FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90101 041 \*\*\*150.00

Principal Place of Business

**P.O. BOX 447**  
**KENWOOD CA 95452**

Mailing Address

**P.O. BOX 447**  
**KENWOOD CA 95452-0447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **94-0608865**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 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, 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	CP	<input type="checkbox"/> Delete
NAME	HECK, GARY	
STREET ADDRESS	2226 OLIVET ROAD	
CITY-ST-ZIP	SANTA ROSA CA 95401	
TITLE	STVP	<input type="checkbox"/> Delete
NAME	BAKER, DAN	
STREET ADDRESS	4921 ARCADIA LANE	
CITY-ST-ZIP	SANTA ROSA CA 95401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, GEORGE	
STREET ADDRESS	2825 LAKE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94121	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNCAN, HAROLD	
STREET ADDRESS	3569 FIR HOLLOW COURT	
CITY-ST-ZIP	SANTA ROSA CA 95403	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HEALEY, MATT	
STREET ADDRESS	2364 RED OAK DRIVE	
CITY-ST-ZIP	SANTA ROSA CA 95403	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dan Baker*  
Dan Baker

1/7/00

707.833.5891

Date

Daytime Phone #