

2001 UNIFORM BUSINESS REPORT (UBR)

0031776 SP

DOCUMENT # M99000000371

1. Entity Name
COLLIER FALLS VINEYARDS, LLC

FILED

01 JAN 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
435 N. DRY CREEK ROAD
HEALDSBURG CA 95448

Mailing Address
435 N. DRY CREEK ROAD
HEALDSBURG CA 95448

2. Principal Place of Business

3. Mailing Address
9931 W. DRY CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HEALDSBURG, CA.

4. FEI Number
68-0406957

Applied For
Not Applicable

Zip

Country

Zip
95448

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
RON COLLIER & ABEL, RAND, RUSSELL, COLLIER
Street Address (P.O. Box Number is Not Acceptable)
240 S. PINNAPPLE AVE
SARASOTA, FL. 34236
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
COLLIER, BARRY LEE
9931 W. DRY CREEK RD
HEALDSBURG CA 95448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
COLLIER, MARY SUSAN
9931 W. DRY CREEK RD
HEALDSBURG CA 95448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)