

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P16067**

1. Entity Name

MATANZAS CREEK WINERY, INC.

Principal Place of Business

6097 BENNETT VALLEY ROAD
SANTA ROSA CA 95404-9583

Mailing Address

6097 BENNETT VALLEY ROAD
SANTA ROSA CA 95404-9583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2865846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKESSON CORPORATION
1100 NW 23RD STREET
P.O. BOX 420980
MIAMI FL 33127

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 terminating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME JACKSON, JESS S
STREET ADDRESS 6097 BENNETT VALLEY RD
CITY-STATE-ZIP SANTA ROSA CA 95404-9583TITLE ☐ Delete
NAME BANKE, BARBARA
STREET ADDRESS 6097 BENNETT VALLEY ROAD
CITY-STATE-ZIP SANTA ROSA CA 95404-9583TITLE ☐ Delete
NAME AGMS
BULLOCK, JULIE
STREET ADDRESS 4830 CARRIAGE LANE
CITY-STATE-ZIP SANTA ROSA CA 95403TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **800004085928--4**
CITY-STATE-ZIP **-04/30/01 --01001--025**
*******150.00 *****150.00**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP **AD**

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: *Julie Bullock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

(707) 528-6464

Filing Fee

Filing Fee

CP21-034 (10/00)

0602399