

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24590

1. Entity Name

FROG'S LEAP WINERY INCORPORATED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90197 038 ***150.00

Principal Place of Business

Mailing Address

8815 CONN CREEK RD
RUTHERFORD CA 94573
US

P.O. BOX 189
RUTHERFORD CA 94573-0189
US

2. Principal Place of Business

8815 Conn Creek Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 189

Suite, Apt. #, etc.

City & State
Rutherford, CA

City & State
Rutherford, CA

4. FEI Number

94-2898236

Applied For

Not Applicable

Zip
94573

Country
US

Zip
94573-0189

Country
US

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

BENNETT, ANNE
1600 NW 163 ST.
MIAMI FL 33169

Name

No Change

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILLIAMS, JOHN T.
1620 SO WHITEHALL LANE
ST. HELENA CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
GATES, GARY
1993 RELIEZ VALLEY RD.
LAFAYETTE CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WILLIAMS, JULIE JOHNSON
1620 SO WHITEHALL LANE
ST. HELENA CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Williams

3-31-00
Date

707-963-4704
Daytime Phone #

CR2E034 (9/99)