

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24697

1. Entity Name

NEWTON VINEYARD, INCORPORATED, LLC

Principal Place of Business

2555 MADRONA AVENUE  
P.O. BOX 540  
ST. HELENA CA 94574

Mailing Address

2555 MADRONA AVENUE  
P.O. BOX 540  
ST. HELENA CA 94574

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 94-2270122

68-0464918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICK, MEL  
1600 N.W. 163RD ST.  
MIAMI FL 33169

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, 2001 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 PD  
NAME NEWTON, PETER L. ☐ Delete  
STREET ADDRESS 2555 MADRONA AVE  
CITY-ST-ZIP ST. HELENA CA

TITLE VD  
NAME NEWTON, SU HUA ☒ Delete  
STREET ADDRESS 2555 MADRONA AVE  
CITY-ST-ZIP ST. HELENA CA

TITLE SD  
NAME BOLLMAN, RUSSELL J. ☒ Delete  
STREET ADDRESS 230 MARIN OAKS DRIVE  
CITY-ST-ZIP NOVATO CA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

3/26/01

Date

707 963-9000

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90272 027 \*\*\*150.00

818574



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)