

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90337 048 ***150.00

12/20/2001 AT

DOCUMENT # P39499

1. Entity Name
 MONTINORE VINEYARDS LIMITED INC.

Principal Place of Business
 3663 SW DILLEY
 FOREST GROVE OR 97116

Mailing Address
 P O BOX 490
 FOREST GROVE OR 97116-490
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

80074802



DO NOT WRITE IN THIS SPACE

4. FEI Number 93-0902632 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAHAM, LEO G.		NAME				
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS				
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FINDLAY, NANCY		NAME				
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS				
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COUCH, ROGER		NAME				
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS				
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAHAM, JANE A.		NAME				
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS				
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAHAM, MARK T.		NAME				
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS				
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: *ROGER C. COUCH* **ROGER C. COUCH, PRESIDENT** **1/24/02** **(503) 359-5012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)