

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90085 031 ***150.00

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.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-0902632**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	GRAHAM, LEO G.	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FINDLAY, NANCY	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	P	<input type="checkbox"/> Delete
NAME	COUCH, ROGER	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAHAM, JANE A.	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAHAM, MARK T.	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
Date

503-359-5012
Daytime Phone #

CR2E034 (10/02)