


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90111 006 ***150.00

DOCUMENT # 841545

1. Entity Name
E. & J. GALLO WINERY, INC.



Principal Place of Business
**600 YOSEMITE BLVD
MODESTO CA 95354-2760**

Mailing Address
**600 YOSEMITE BLVD
ATTN: CORPORATE TAX
MODESTO CA 95354-2760**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **94-1009696** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE	VT	<input type="checkbox"/> Delete
NAME	YUGA, ANTHONY L	
STREET ADDRESS	816 COBBLESTONE CIR	
CITY-ST-ZIP	MODESTO CA 95355	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BEAL, RICHARD M	
STREET ADDRESS	2501 HARCOURT AVE	
CITY-ST-ZIP	MODESTO CA 95350	
TITLE	COPD	<input type="checkbox"/> Delete
NAME	GALLO, JOSEPH E.	
STREET ADDRESS	891 S. HOPPER ROAD	
CITY-ST-ZIP	MODESTO CA	
TITLE	COPD	<input type="checkbox"/> Delete
NAME	COLEMAN, JAMES E	
STREET ADDRESS	2702 SCENIC BEND	
CITY-ST-ZIP	MODESTO, CALIF 00000	
TITLE	COPD	<input type="checkbox"/> Delete
NAME	GALLO, ROBERT J	
STREET ADDRESS	1716 MAZE ROAD	
CITY-ST-ZIP	MODESTO, CALIF 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOTY, ALLEN	
STREET ADDRESS	7301 SPY GLASS DR	
CITY-ST-ZIP	MODESTO CA 95356	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Allen Doty* **SIGNATURE REQUIRED** **VP Corporate Tax** **3/27/03** **(209) 341-6239**

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

CR2E034 (10/02)