2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000311

1. Entity Name: Vivette & Company, a California Limited Partnership

FILED
01 JUN 25 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1500 Los Carneors Ave. Napa, CA 94559

Mailing Address: 1500 Los Carneors Ave. Napa, CA 94559

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 94-2910732 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
Mr. Chris Lano
Stacole Fine Wines
1003 Clint Moore Rd.
Boca Raton, FL 33487

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. Capital Contributions as Shown on record. -0-

10. Amount of Capital Contributions in FLORIDA to date. -0-

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Graves, David W. 1500 Los Carneros Ave. Napa, CA 94559	STREET ADDRESS / CITY-ST-ZIP	800004451538--7 -06/29/01--01039--023 ****150.00 ****150.00
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Ward, Richard A. 1500 Los Carneors Ave. Napa, CA 94559	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	61.25-4 88.75-Adm	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

X SIGNATURE: David W. Graves — (707) 252-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #