

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020696 AB

DOCUMENT # B96000000311

1. Entity Name

VIVETTE & COMPANY A CALIFORNIA LIMITED PARTNERSHIP  
IP

Principal Place of Business

1500 LOS CARNEROS AVENUE  
NAPA CA 94559

Mailing Address

1500 LOS CARNEROS AVENUE  
NAPA CA 94559

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

94-2910732

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

FILED

2002 FEB 25 PM 3:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MR. CHRIS LANO  
STACOLE FINE WINES  
1003 CLINT MOORE ROAD  
BOCA RATON FL 33487

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.

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 GRAVES, DAVID W  
STREET ADDRESS 1500 LOS CARNEROS AVE.  
CITY-ST-ZIP NAPA CA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME WARD, RICHARD A  
STREET ADDRESS 1500 LOS CARNEROS AVE.  
CITY-ST-ZIP NAPA CA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

David W Graves

(707) 252-0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)