## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000005604							Apr 05, 2001 8:00 am Secretary of State 04-05-2001 90101 032 ***150.00			
GAI	LLERON 1	LAINE WINERY IN	IC .		V		04-05-2001 90	101 032 ***150	0.00	
Principal Place of Business  950 GALLERON LANE ST HELENA, CA 94574							C0042869			
2. Principal F	· - Place of Busin	ess	3. Mailing Address		···-		- <del> </del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Star	te		City & State				4. FEI Number Applied For 68~0362407 Not Applicable			
Zip · Country			Zip Country		try			¬ \$8.75 Ad		
	6. Name	and Address of Current F	Registered Agent	Fee Required  7. Name and Address of New Registered Agent					<del></del>	
CORRO				<del></del>	Name	••••		resed Wähitr		
1201	KATION . HAYS ST HASSEE,		Street Ac		Street Addres	ess (P.O. Box Number is Not Acceptable)				
1.1.25mm.3322, 12 32301					City E1 Zip Code					
					City FL Zip Code					
8. The above	named entity	submits this statement for	the purpose of changing its	registere	d office or regis	stered age	ent, or both, in the State of Florida.	•		
SIGNATURE .		-							<u>-</u>	
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature requ	uired when re	instating)	DATE		
Tax filing r	_	ble to satisfy its Intangible nd elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00. Make Check Payable to Department of Stat			10. Election Campaign Financi  Trust Fund Contribution.	· _ •	May Be to Fees	
11."	<del></del>	OFFICERS AND D	DIRECTORS	<b>I</b> 12.		ADI	L DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS		NUNN SODA CANYON RD	☐ Delete		ET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE	D, COO.	CA 94558 CFO EY NUNN	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1181 9	SODA CANYON CA 94558			ST-ZIP					
TITLE	P,S, I		☐ Delete	TITLE			<del>-</del>	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	948 GA	ALLERON LN ZENA, CA 94574	-	4	T ADDRESS ST-ZIP					
TITLE NAME	D JAN ST		☐ Delete	THLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		LLERON LN ENA, CA 94574			T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	1	)			☐ Change	Addition	
RITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
HAME STREET ADDRESS					T ADDRESS	-				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN STEIGER, PRES

Date

3/29/01

FILED

Caytime Phone =