

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90316 041 \*\*\*150.00

**DOCUMENT # F01000000950**

**1. Entity Name**  
**HOXSEY WINERY INVESTORS LTD, INC.**

**Principal Place of Business**

**7830-40 ST HELENA HWY**  
**OAKVILLE CA 94562**

**Mailing Address**

**7830-40 ST HELENA HWY**  
**OAKVILLE CA 94562**

**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**

**68-0249187**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FOLEY, RUSS**  
**9380 N.W. 100TH STREET**  
**MEDLEY FL 33178**

**7. Name and Address of New Registered Agent**

Name

**Jim Garcia**

Street Address (P.O. Box Number is Not Acceptable)

**4520 S Church**

City

**Tampa**

**FL**

Zip Code

**33611**

**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** *Jaime J. Garcia*

(NOTE: Registered Agent signature required when reinstating)

**4/25/02**  
 DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **HOXSEY, ANDREW**  
**STREET ADDRESS** **1777 YOUNTVILLE CROSSROADS**  
**CITY-ST-ZIP** **YOUNTVILLE CA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **HOXSEY, DAVID**  
**STREET ADDRESS** **1955 YOONT MILL RD.**  
**CITY-ST-ZIP** **YOUNTVILLE CA**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **1955 Yount Mill Rd.**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **BONDINO, JAMES D**  
**STREET ADDRESS** **919 OAKVILLE CROSSROADS**  
**CITY-ST-ZIP** **OAKVILLE CA**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Del Bondio, James D.**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Andrew Hoxsey*  
**Andrew Hoxsey**

Date

Daytime Phone #

**707-944-8669**

CR2E034 (9/01)