

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000403

1. Entity Name

BRONCO WINE COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90005 027 ***150.00

Principal Place of Business

Mailing Address

6342 BYSTRUM ROAD
POST OFFICE BOX 789
CERES CA 95307

6342 BYSTRUM ROAD
POST OFFICE BOX 789
CERES CA 95307-0789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2231905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAGGART, THOMAS P
3035 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPCF ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANZIA, FRED T	NAME	
STREET ADDRESS	1917-D EDGEBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA	CITY-ST-ZIP	
TITLE	CPCE ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANZIA, JOSEPH S	NAME	
STREET ADDRESS	1109 AMHERST	STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA	CITY-ST-ZIP	
TITLE	CPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANZIA, JOHN G	NAME	
STREET ADDRESS	20100 ZUMWALT ROAD	STREET ADDRESS	
CITY-ST-ZIP	ESCALON CA	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEONARD, DANIEL J	NAME	
STREET ADDRESS	1018 DOUGLAS AVE	STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSSINI, ALBERT W JR	NAME	
STREET ADDRESS	5518 BLEDSOE RD	STREET ADDRESS	
CITY-ST-ZIP	DENAIR CA	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN FRANZIA, JR.

1/24/2000

209-538-3131

Date

Daytime Phone #

CR2E034 (9/99)