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2001 UNIFORM BUSINESS REPORT (UBR)

1-23

Mar 29, 2001 8:00 am DOCUMENT # F9300000403 **Secretary of State** BRONCO WINE COMPANY 03-29-2001 90389 042 ***150.00 Principal Place of Business Mailing Address 6342 BYSTRUM ROAD 6342 BYSTRUM ROAD POST OFFICE BOX 789 POST OFFICE BOX 789 CERES CA 95307 **CERES CA 95307** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-223 1905 Not Applicable 'Zip-Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFF B. <u>SKUBI</u> TAGGART, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 3035 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713 12710 JERNIGAN Zip Code City CEDAR KEYS 3262 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPCF** Delete TITLE ☐ Change Addition TITLE FRANZIA, FRED T NAME NAME STREET ADDRESS 1917-D EDGEBROOK DR STREET ADDRESS CITY-ST-ZIP **MODESTO CA** CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE Franzia, Joseph S NAME NAME 1109 AMHERST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MODESTO CA CITY-ST-ZIP TITLE Delete TITLE □ Change Addition FRANZIA, JOHN G NAME NAME 20100 ZUMWALT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **ESCALON CA** CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE LEONARD, DANIEL J NAME NAME 1018 DOUGLAS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MODESTO CA** CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition ROSSINI, ALBERT W JR NAME 5518 BLEDSOE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DENAIR CA** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppliemental 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 enlipowered.

NING OFFICER OR DIRECTOR