FILED Apr 03, 2002 8:00 am Secretary of State 04-03-2002 90200 026 ***150.00

2002 Uniform Business Report (UBR)

F93000002375

FOCUMENT # 1. Entity Name

THE CALIFORNIA WINE COMPANY							
Principal Place of Business	Mailing Address						
155 CHERRY CREEK ROAD CLOVERDALE CA 95425	155 CHERRY CREEK ROAD CLOVERDALE CA 95425						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						



2. Principal P	ce of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		1 THIS SPACE			
City & State City & State			4. F	4. FEI Number 94-2713048		pplied For ot Applicable		
Zip	Country	Zip	Country	5. (□ \$8.75 Ad	Iditional	
				Fee Required			ed	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
9 BELLE ISLAND AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
#501								
miami Fl	33139		City			FL Zip Coo	de	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent at		registered office or I			a. DATE		
	Signature, typed or printed name or registered agent at	<u> </u>			I			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	1	!! FEE IS \$150.0)2 Fee will be \$55 le to Department	0.00 of State	10. Election Campaign Financ Trust Fund Contribution.	☐ Adde	00 May Be d to Fees	
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHITTAKER, YVONNE K 824 QUAIL CT HEALDSBURG CA 95448	XX Delete	STREET ADDRESS	824 Qua	o, Yvonne K. Whitt ail Ct. ourg, CA 95448	XX Change aker	☐ Addition	
TITLE	D	Delete	TITLE	TICGE COL	<u> </u>	☐ Change	☐ Addition C	
NAME STREET ADDRESS CITY-ST-ZIP	ALLAN, WILLIAM C 36-37 KING STREET LONDON, ECZV 8BE	Sviole	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GASTON, DEXTER W.JR. 6150 LUSK BLVD., SUITE B-105 SAN DIEGO CA 92121	1868 By 1878	NAME. STREET ADDRESS CITY-ST-ZIP	≖پہدی ج <u>نہ</u>	لديني ووزانج ومييسايي	حسب الداخل الجيد ي		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL FAVA, CATHY 80 BOSÇHE ST.	XXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEYSERVILLE CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	XX Midition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	certify that the information supplied with	☐ Delete this filling does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemption state			☐ Change	☐ Addition	

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.