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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000745 (9)**

1. Corporation Name

ROBERT MONDAVI INVESTMENTS, INC.



Principal Place of Business

P.O. BOX 106
OAKVILLE CA 94562

Mailing Address

P.O. BOX 106
OAKVILLE CA 94562-0106

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

03/05/1996

4. FEI Number

68-0248575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BOND, WILLIAM J
12018 DUNMORE COURT
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MONDAVI, R M**
STREET ADDRESS **5593 SILVERADO TRAIL**
CITY-ST-ZIP **NAPA CA**

TITLE **D** ☐ DELETE

NAME **MONDAVI, TIMOTHY J**
STREET ADDRESS **5845 SILVERADO TRAIL**
CITY-ST-ZIP **NAPA CA**

TITLE **D** ☐ DELETE

NAME **BORGER, MARCIA M**
STREET ADDRESS **130 EAST END AVENUE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **VD** ☐ DELETE

NAME **ADAMS, CLIFFORD S**
STREET ADDRESS **1155 CAMINO VALLECITO**
CITY-ST-ZIP **LAFAYETTE CA**

TITLE **SRV** ☐ DELETE

NAME **EVANS, GREGORY M**
STREET ADDRESS **3150 BROWNS VALLEY RD.**
CITY-ST-ZIP **NAPA CA**

TITLE **V** ☐ DELETE

NAME **MATTEI, PETE**
STREET ADDRESS **30 GOLDEN GATE CIRCLE**
CITY-ST-ZIP **NAPA CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
ADAMS, CLIFFORD S
1155 CAMINO VALLECITO
LAFAYETTE, CA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-97

(707)226-1395

CR2E034 (9/96)