2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # F94000002555 1. Entity Name TALLEY VINEYARDS A CALIFORNIA CORPORATION 04-26-2001 90328 011 ***150.00 Principal Place of Business Mailing Address 3031 LOPEZ DRIVE P.O. BOX 360 ARROYO GRANDE CA 93420 ARROYO GRANDE CA 93421-0360 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 77-0214114 Not Applicable Zip Country Zio 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 Name **AUGUSTAN WINE & FOOD** Street Address (P.O. Box Number is Not Acceptable) 1928 TIGERTAIL BLVD: BLDG 12 **DANIA FL 33004** 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, 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 FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) TITLE Addition Change TALLEY, DON NAME STREET ADDRESS 3000 BRANCH MILL RD. STREET ADDRESS CITY-ST-ZIP ARROYO GRANDE CA 93420 CITY-ST-7P TITLE ☐ Delete THE Change Addition TALLEY, ROSEMARY NAME 3000 BRANCH MILL RD. STREET ADDRESS STREET ADDRESS ARROYO GRANDE CA 93420 CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Addition ☐ Change TALLEY, BRIAN NAME 1140 VARD LOOMIS LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARROYO GRANDE CA 93420 CITY-SI-ZIP ☐ Delete TITL F TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the proportion of the receiver of the statutes.

ECTOR

Daytime Phone #

n all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OF

changed, or on an attachment with an add

SIGNATURE: