2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90027 003 ***550.00

0632184

DOCUMENT # F94000005898

1. Entity Name
LIPARITA WINE COMPANY, INC.

Principal Place of Business	Mailing Address
410 LA FATA ST #200 ST HELENA CA 94574 US	410 LA FATA ST #200 ST HELENA CA 94574 US

2. Principal Place of Business	3. Mailing Address
410 La Fata St	410 La Fata St
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: St. Helena, CA	City & State: St. Helena, CA
Zip: 94574 Country: USA	Zip: 94574 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0212573 ☐ Applied For ☐ Not Applicable

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
AUGUSTAN WINE IMPORTS TIGERTAIL INDUSTRIAL PARK 1928 TIGERTAIL BLVD #12 DANIA FL 33304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW !! FEE IS $150.00
After MAY 1, 2001 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURROWS, F ROBERT 410 LA FATA ST 200 ST HELENA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: F Robert Burrows 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #