FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P1535 ANI VINEYARDS, INC.	6	•			001 8:00 ry of Sta	te	3546 AT
·	ce of Business STREET. EAST 95476	Mailing Address P O BOX AA SONOMA CA 95476 US				A V V Z Z I DIN BIN BIN BIN BIN BIN		
2. Principal Place of Business		3. Mailing Address			1 100 1100 1 183 1120 SKIDS (1767 B)/	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		4.	FEI Number 94-2189646	 	oplied For ot Applicable]
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Add		
	6. Name and Address of Current I	Registered Agent			Name and Address of New R	egistered Agent		-
norpi its	SKY, WAYNE		- Name	BARB	ARA HALM			
776 TIMA	Cuan BLVD		Street	Address (P.O. 2968	Box Number is Not Acceptable BAYSHORE POINTE	DRIVE		
LAKE MAS	RY FL 32746							
\$			City	TAMP	A	FL Zip 338	511]
Tax filing i	Sephature, typed or printed name of egistered agent a praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	nd title if applicable. (NOTE:	Registered Agent signal FEE IS \$550 2001 Fee will	ature required when .00 be \$750.00	al Sales Manager reinstating) 10. Election Campaign Fin Trust Fund Contributio	DATE \$5.0	00 May Be	}
11.	OFFICERS AND I	DIRECTORS	12.	Al	DDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUNEO,MARYANN,SEBASTIAN 700 DENMARK ST. VINEBURG CA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 DE	NN SEBASTIANI CU NMARK ST. IRG, CA 95487	▼ Change	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CUNEO, RICHARD A. 700 DENMARK STREET VINEBURG CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 DE	D A. CUNEO NMARK ST. RG, CA 95487	∰ Change	Addition	ဗ
NAME STREET ADDRESS CITY-ST-ZIP	CD SEBASTIANI, DON A. 175 FOURTH STREET EAST SONOMA CA	(A) Delete	NAME STREET ADDRESS CITY-ST-ZIP	* 2	المحارب المتعلقة والمعطور المتعدد	- Change	Addition_	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sebastiani, sylvia e. 247 Fourth Street East Sonoma Ca	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my vered to execute this report a	/ signature shall	nave the same	legal effect as if made under o	oath: that I am an officer	or director	

SIGNATUŔÉ

Lebisteane Lepiso Sebastiani Cuneo

707-933-3200