2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED **DOCUMENT # P24928** Mar 02, 2000 8:00 am **Secretary of State** CARNEROS CREEK WINERY, INC. 03-02-2000 90024 012 ***150.00 Principal Place of Business Mailing Address 1285 DEALY LANE 1285 DEALY LANE NAPA CA 94559-9706 NAPA CA 94559 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 68-0415886 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name U. LAPHAM CALLAHAN, JACK KEUMETH H. LAPHAM 13704 CHESTERSALL DR. 2418 magraph Lane **TAMPA FL 33624** Ft. Lauderdale fl 33312 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 "(NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . 🗆 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE □ Delete TITLE NAME NAME MAHONEY, FRANCIS V. STREET ADDRESS STREET ADDRESS 1285 DEALY LANE CITY-ST-ZIP CITY-ST-7/P NAPA_CA ☐ Addition Delete ☐ Change TITLE NAME NAME HAMBRECHT-, WILLIAM R STREET ADDRESS STREET ADDRESS 550 15TH ST CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO_CA 94013 Change ☐ Addition TITLE Delete NAME 7 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Feb 22 2000

Daytime Phone #