

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P30348

1. Entity Name

Robert Mondavi Winery, Inc.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90129 035 ***158.75

Principal Place of Business

Mailing Address

Attn: Joe DiVincenzo
801 St. Helena Hwy.
Oakville, CA 94562

Attn: Joe DiVincenzo
7801 St. Helena Hwy.
Oakville, CA 94562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1628339

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bond, William J.
12018 Dunmore Court
Orlando, FL 32821

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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	SVP	<input type="checkbox"/> Delete
NAME	Evans, Gregory M	
STREET ADDRESS	3150 Browns Valley Rd.	
CITY-ST-ZIP	Napa, CA 94558	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	Mattei, Pete	
STREET ADDRESS	30 Golden Gate Circle	
CITY-ST-ZIP	Napa, CA 94558	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	Schnur, Alan E.	
STREET ADDRESS	29 Dias Dorados	
CITY-ST-ZIP	Orinda, CA 94563	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	Beyer, Michael K.	
STREET ADDRESS	1430 Jefferson St.	
CITY-ST-ZIP	San Francisco, CA 94123	
TITLE	T	<input type="checkbox"/> Delete
NAME	Garassino, Raymond L. Jr.	
STREET ADDRESS	175 Mund Rd.	
CITY-ST-ZIP	St. Helena, CA 94574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evans, Gregory M.	
STREET ADDRESS	3150 Browns Valley Rd.	
CITY-ST-ZIP	Napa, CA 94558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 (707)251-4842

Date

Daytime Phone #