

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90001 026 \*\*\*158.75

**DOCUMENT # P30348**

1. Entity Name  
**ROBERT MONDAVI WINERY, INC.**

Principal Place of Business Mailing Address  
**ATTN: JOE DI VINCENZO** **ATTN: JOE DI VINCENZO**  
**7801 ST. HELENA HWY.** **7801 ST. HELENA HWY.**  
**OAKVILLE CA 94562** **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**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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)

**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 ☐ Delete  
 NAME **COO**  
 STREET ADDRESS **EVANS, GREGORY M**  
 CITY-ST-ZIP **3150 BROWNS VALLEY RD**  
**NAPA CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SRV**  
 STREET ADDRESS **MATTEI, PETE**  
 CITY-ST-ZIP **30 GOLDEN GATE CIRCLE**  
**NAPA.CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **SRV**  
 STREET ADDRESS **SCHNUR, ALAN E.**  
 CITY-ST-ZIP **29 DIAS DORADOS**  
**ORINDA CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SRV**  
 STREET ADDRESS **BEYER, MICHAEL K**  
 CITY-ST-ZIP **3248 BRODERICK**  
**SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **GARASSINO, RAYMOND L. JR**  
 CITY-ST-ZIP **175 MUND ROAD**  
**ST. HELENA CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (707) 251-4842  
 Date Daytime Phone #

*R.L. Garassino, Jr. Treasurer*

CR2E034 (10/00)