FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90362 049 ***158.75

DOCUMENT # P30349

1. Entity Name
BYRON VINEYARD & WINERY, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7801 St. Helena Hwy.	7801 St. Helena Hwy.
Suite, Apt. #, etc. Attn: Joe DiVincenzo	Suite, Apt. #, etc. Attn: Joe DiVincenzo
City & State Oakville, CA	City & State Oakville, CA
Zip 94562 Country USA	Zip 94562 Country USA

4. FEI Number 94-3036477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bond, William J.

Street Address (P.O. Box Number is Not Acceptable)

12018 Dunmore Ct.

City Orlando **FL** Zip Code 32821

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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE P NAME Evans, Gregory M. STREET ADDRESS 3150 Browns Valley Rd. CITY-ST-ZIP Napa, CA 94558	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE TAS NAME Garassino, Raymond L. Jr. STREET ADDRESS 175 Mund Road CITY-ST-ZIP St. Helena, CA 94574	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DC NAME Mondavi, R. Michael STREET ADDRESS 5593 Silverado Trail CITY-ST-ZIP Napa, CA 94558	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DC NAME Mondavi, Timothy J. STREET ADDRESS 5645 Silverado Trail CITY-ST-ZIP Napa, CA 94558	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Mondavi-Borger, Marcia STREET ADDRESS 130 East End Ave. CITY-ST-ZIP New York, NY 10028	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/22/02 (707) 251-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #