

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90235 002 ***158.75

DOCUMENT # P30349

1. Entity Name
BYRON VINEYARD & WINERY, INC.



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

Mailing Address
**7801 ST. HELENA HWY.
ATTN: JOE DI VINCENZO
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 **94-3036477**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOND, WILLIAM J.
12018 DUNMORE CT.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **EVANS, GREGORY M.**
CITY-ST-ZIP **SAME
SAME**

TITLE ☐ Delete
NAME **TAS**
STREET ADDRESS **GARASSINO, RAYMOND L. JR**
CITY-ST-ZIP **1455 S. WHITEHALL LANE
ST. HELENA CA**

TITLE ☒ Change ☐ Addition
NAME **AS**
STREET ADDRESS **GARASSINO, RAYMOND L., JR.**
CITY-ST-ZIP **SAME
SAME**

TITLE ☐ Delete
NAME **DCEO**
STREET ADDRESS **MONDAVI, R. MICHAEL**
CITY-ST-ZIP **5593 SILVERADO TRAIL
NAPA CA**

TITLE ☒ Change ☐ Addition
NAME **DC**
STREET ADDRESS **MONDAVI, R. MICHAEL**
CITY-ST-ZIP **SAME
SAME**

TITLE ☐ Delete
NAME **DCEO**
STREET ADDRESS **MONDAVI, TIMOTHY J.**
CITY-ST-ZIP **5645 SILVERADO TRAIL
NAPA CA**

TITLE ☒ Change ☐ Addition
NAME **D Co-C**
STREET ADDRESS **MONDAVI, TIMOTHY J.**
CITY-ST-ZIP **SAME
SAME**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MONDAVI-BORGER, MARCIA**
CITY-ST-ZIP **130 EAST END AVENUE
NEW YORK NY 10028**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **PETERSEN, WILLIAM**
CITY-ST-ZIP **603 ANACAPA LANE
FOSTER CITY, CA 94404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

Date

707-251-4551

Daytime Phone #

CR2E034 (10/02)