2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P35666. Sep 06, 2000 8:00 am Secretary of State 1. Entity Name H. COTURRI AND SONS, LTD. INC. 09-06-2000 90090 045 ***150.00 Principal Place of Business Mailing Address P.O. BOX 396 P.O. BOX 396 **GLEN ELLEN CA 95442** GLEN ELLEN CA 95442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-2605395 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERLAU, DEAN Street Address (P.O. Box Number is Not Acceptable) % RYALS LEE SALES CO., 3170 W. THARPE TALLAHASSEE FL 33143 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition Change TITLE TITLE Delete COTURRI, FERMENE NAME NAME STREET ADDRESS STREET ADDRESS 195 RAYMOND AVE CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO FL ☐ Change Addition TITLE ☐ Delete TITLE NAME COTURRI, TONY NAME STREET ADDRESS STREET ADDRESS 6725 ENTERPRISE RD CITY-ST-ZIP CITY-ST-ZIP **GLEN ELLEN CA** ☐ Addition TITLE TITLE ☐ Delete NAME COTURRI, PHILIP NAME STREET ADDRESS STREET ADDRESS 66600 NORBON RD. CITY-ST-ZIP CITY-ST-ZIP SONOMA CA ☐ Addition ☐ Delete TITLE ☐ Change TITLE SERRATTO, MICHAEL NAME NAME STREET ADDRESS 1220 HOWARD AVE. #250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BURLINGAME CA** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 distee 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.

Tony Coturri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

Daytime Phone #

Ottochment doc # P 35666 A0075406

COTURRI WINERY

August 31, 2000

To Whom it May Concern:

Linda Coturni

This is the only Report that I received. When I called to find out why the amount due was so high, I was informed that an earlier Notice had been sent to me. Since I never received that Notice, I am enclosing the basic fee of \$150.00.

Thank you.

Sincerely,

Linda Coturri Bookkeeper