2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P38803 FIELD STONE WINERY & VINEYARD, INC. 05-03-2001 90073 015 ***150.00 Principal Place of Business Mailing Address 10075 HIGHWAY 128 10075 HIGHWAY 128 HEALDSBURG CA 95448 HEALDSBURG CA 95448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 68-0117123 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERRANO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1600 NW 163RD ST 7310 NW 79TH TERRACE **MIAMI FL 33169** Zip Code FL 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 anniticable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition ☐ Delete TITLE ☐ Change STATEN, JOHN C. NAME NAME KERA S. BURDICK 10075 HWY 128 STREET ADDRESS STREET ADDRESS 10075 HWY 128 **HEALDSBURG CA** CITY-ST-ZIP CITY-ST-ZIP HEALDSBURG CA TITLE ☐ Change ☐ Delete TITLE STATEN, KATRINA J. JOSEPH M. STATEN NAME NAME 10075 HWY 128 10075 HWY 128 STREET ADDRESS STREET ADDRESS **HEALDSBURG CA** CITY-ST-7IP CITY-ST-ZIP HEALDSBURG CA Detete TITI F Addition-STATEN, BEN L NAME NAME MARY G. STATEN 10075 HWY 128 STREET ADDRESS STREET ADDRESS 10075 HWY 128 HEALDSBURG CA CITY-ST-7IP CITY-ST-ZIP HEALDSBURG, CA TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR