

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90362 048 ***158.75

DOCUMENT # P39465

1. Entity Name

Robert Mondavi Affiliates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7801 St. Helena Hwy.

3. Mailing Address

P.O. Box 106

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

68-0248574

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name William J. Bond

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

12018 Dunmore Ct.

City Orlando

FL

Zip Code 32821

**DO NOT WRITE
IN THIS SPACE**

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

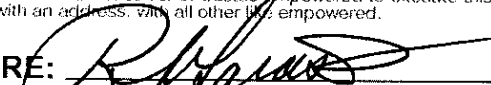
\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

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

**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)(b), 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 lines empowered.

SIGNATURE: 

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

(707) 251-4842

Date

Daytime Phone #