

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-13-2003 90235 001 ***158.75

DOCUMENT # P39465

1. Entity Name
ROBERT MONDAVI AFFILIATES INC.



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

Mailing Address
**POST OFFICE BOX 106
ATTN: JOE DIVINCENZO
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 **68-0248574**

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

**BOND, WILLIAM J.
12018 DUNMORE CT.
ORLANDO FL 32821**

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, GREGORY M	
STREET ADDRESS	3150 BROWNS VALLEY RD.	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GRASSINO, JR., RAYMOND L	
STREET ADDRESS	175 MUND RD.	
CITY-ST-ZIP	SAINT HELENA CA 94574	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MONDAVI, R. MICHAEL	
STREET ADDRESS	5593 SILVERADO TRAIL	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MONDAVI, TIMOTHY J	
STREET ADDRESS	5645 SILVERADO TRAIL	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONDAVI-BORGER, MARCIA	
STREET ADDRESS	130 EAST END AVE.	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARASSINO, RAYMOND L., JR.	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSEN, WILLIAM	
STREET ADDRESS	603 ANACAPA LANE	
CITY-ST-ZIP	FOSTER CITY, CA 94404	

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

Date

Daytime Phone #

2-5-03

707-251-4551

CR2E034 (10/02)