

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90131 016 \*\*\*150.00

**DOCUMENT # F95000001506**

1. Entity Name

**ALBAN VINEYARDS, INC.**

Principal Place of Business

**8575 ORCUTT RD  
ARROYO GRANDE CA 90420**

Mailing Address

**8575 ORCUTT RD  
ARROYO GRANDE CA 90420**

- 22151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**33-0385904**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WINE CLEARING INC.  
2210 N.W. 29TH STREET  
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **Augustan Wine Imports**

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

**3401 N 29th Ave**City **Hollywood****FL**Zip Code  
**33020**

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 see 8 applicable.

**Conic Perry - President****03-25-02**

DATE

9. This corporation is eligible to satisfy its intangible  
Tax (filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **STC**  
STREET ADDRESS **ALBAN, JOHN S**  
CITY-ST-ZIP **8575 ORCUTT RD**  
**ARROYO GRANDE CA 90420**TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **ALBAN, SEYMOUR L**  
CITY-ST-ZIP **1420 BRYANT DRIVE 'E'**  
**LONG BEACH CA 90815**TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **ALBAN, REVA M**  
CITY-ST-ZIP **1420 BRYANT DRIVE 'E'**  
**LONG BEACH CA 90815**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/02**

Date

**(805) 546-0305**

Daytime Phone #

CR2E034 (9/01)