

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90073 039 ***150.00

DOCUMENT # P33186

1. Entity Name
UNITED DISTILLERS & VINTNERS (FLORIDA) INC.

Principal Place of Business Mailing Address
6 LANDMARK SQUARE 6 LANDMARK SQUARE
STAMFORD CT 06901 STAMFORD CT 06901

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 Applied For
06-1240182 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **HOWARD-SORRELL, LINDA**
 STREET ADDRESS **6 LANDMARK SQUARE**
 CITY-ST-ZIP **STAMFORD CT 06901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **BROWN, ROBERT T.**
 STREET ADDRESS **SIX LANDMARK SQ**
 CITY-ST-ZIP **STAMFORD CT 06901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **CHALMERS, SABINE**
 STREET ADDRESS **5200 BLUE LAGOON DR STE 850**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME ~~**COLOMBO, JAUN JOSE**~~
 STREET ADDRESS ~~**1515 COUNTRY CLUB PRDO**~~
 CITY-ST-ZIP ~~**CORAL GABLES FL 33134**~~

TITLE **D** Change Addition
 NAME **HARNISH McDONALD**
 STREET ADDRESS **5200 Blue Lagoon Dr.**
 CITY-ST-ZIP **STE. 850 MIAMI, FL 33126**

TITLE **VP** Delete
 NAME **SMITH, MICHAEL S**
 STREET ADDRESS **5200 BLUE LAGOON DR STE 850**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** Change Addition
 NAME **William Bullard**
 STREET ADDRESS **5200 Blue Lagoon Dr.**
 CITY-ST-ZIP **STE 850 MIAMI FL 33126**

TITLE **VP** Delete
 NAME **LOUDEN-CARTER, GRAHAM**
 STREET ADDRESS **5200 BLUE LAGOON DR STE 850**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE 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]* **ROBERT BROWN** 3-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)