

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822695

1. Entity Name

JOSEPH E. SEAGRAM & SONS, INC.

Principal Place of Business

375 PARK AVENUE
NEW YORK NY 10152-0192

Mailing Address

800 THRID AVENUE
NEW YORK NY 10022

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET, STE. 105
TALLAHASSEE FL 32301

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAR
BRONFMAN, EDGAR M.
375 PARK AVENUE
NEW YORK NY 10152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
BRONFMAN, EDGAR JR.
375 PARK AVENUE
NEW YORK NY 10152 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
MATSHULLAT, ROBERT W
375 PARK AVE
NY NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ES
PALADINO, DANIEL R
375 PARK AVE
NY NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
WELSH, NANCY E
800 THIRD AVE.
NEW YORK NY 10022-7699 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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☐ Change ☐ Addition

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

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:

Joseph E. Seagram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

1/24/2000 (212) 572-7000

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90380 049 ***150.00

00010002



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-1285240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR 3E034 1/99