**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2002 8:00 am DOCUMENT # F94000004025 **Secretary of State** 1. Entity Name OLD BRIDGE CELLARS INC. 02-13-2002 90204 015 \*\*\*150.00 Principal Place of Business Mailing Address 703 JEFFERSON STREET 703 JEFFERSON STREET NAPA CA 94559 NAPA CA 94559 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number itornia 94-3181063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEBRANK, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 7310 N.W. 79TH TER. MEDLEY FL 33166 Zip Code FL .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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE ☐ Change Addition McDonald, Robert 1882 Silverado Trail NAME MCDONALD, ROBERT NAME CR2E034 STREET ADDRESS 601 VAN NESS STREET ADDRESS SAN FRANCISCO CA 94102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME MCDONALD, KATHLEEN McDonald. STREET ADDRESS STREET ADDRESS 601 VAN NESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94102 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP