

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000002730**1. Entity Name
SARATOGA BEVERAGE GROUP, INC.Principal Place of Business
1000 AMERICAN SUPERIOR BLVD
WINTER HAVEN FL 33884Mailing Address
1000 AMERICAN SUPERIOR BLVD
WINTER HAVEN FL 338842. Principal Place of Business
330 NORTH US HIGHWAY #13. Mailing Address
330 NORTH US HIGHWAY #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. PIERCE FLCity & State
FT. PIERCE FL4. FEI Number
14-1749554Applied For
Not ApplicableZip
34950

Country

Zip
34950

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 USName
FONZI IRENEStreet Address (P.O. Box Number is Not Acceptable)
7500 COQUINA DRIVECity
NORTH BAY VILLAGE FL Zip Code
33141

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 **IRENE FONZI****05/01/2001**

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, 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
NAME VP MAGKOUR ADAM ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 11 GEYSER ROAD
SARATOGA SPRINGS NY 12866TITLE
NAME T BARQUIN CURT ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 330 NORTH US HIGHWAY 1
FORT PIERCE FL 34950TITLE
NAME CFO JAMES K.A. ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 1000 AMERICAN SUPERIOR BLVD.
WINTER HAVEN FLTITLE
NAME CEO KEN ROMANSKI ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 280 WILSON AVENUE
NEWARK NJ 07105TITLE
NAME S FONZI IRENE ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 7500 COQUINA DRIVE
NORTH BAY VILLAGE FLTITLE
NAME S FONZI IRENE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 7500 COQUINA DRIVE
NORTH BAY VILLAGE FL 33141TITLE
NAME DP PREVER ROBIN ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 11 GEYSER ROAD
SARATOGA SPRINGS NY 12866TITLE
NAME PCOO ZEIGLER JOSEPH ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 1513 NORTH BROAD STREET
LANSDALE PA 19446TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: Joseph Zeigler

PCOO 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)