

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P12978

1. Corporation Name  
BATAVIA WINE CELLARS, INC.

Principal Place of Business

398 SCHOL STREET  
BATAVIA NY 14020  
US

Mailing Address

398 SCHOOL STREET  
BATAVIA NY 14020  
US

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90021 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1987

4. FEI Number

16-1222994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JONES, WAYNE  
2613 GRACE DRIVE  
P.O. BOX 4198  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COOPER, NED	
STREET ADDRESS	4 NARAMORE DR.	
CITY-ST-ZIP	BATAVIA NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANDS, RICHARD	
STREET ADDRESS	7 LANDSDOWNE LN	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARNETT, DANIEL	
STREET ADDRESS	165 AMBASSADOR DR.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SANDS, ROBERT	
STREET ADDRESS	4000 EAST AVENUE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HUMPHREY, PERRY	
STREET ADDRESS	11 MUIRFIELD COURT	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SORCE, DAVID S	
STREET ADDRESS	3114 ELMWOOD AVENUE	
CITY-ST-ZIP	ROCHESTER NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ned Cooper	
1.3 STREET ADDRESS	24 North Pointe Drive	
1.4 CITY-ST-ZIP	Batavia, NY 14020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	see attached list of	
2.4 CITY-ST-ZIP	additional officers	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Deborah A. Weaver, Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date (716) 344-1111 Phone #

CR2E034 (11/98)

0556623

STATE OF FLORIDA		BATAVIA WINE CELLARS, INC.	
01/15/99		398 School Street, Batavia NY 14020	
		(716)344-1111	
		<u>Officers</u>	
<b>NAME</b>	<b>TITLE</b>	<b>RESIDENTIAL ADDRESS</b>	<b>CHANGE</b>
Ned Cooper	President	24 North Pointe Drive, Batavia, NY 14020	X
Richard Sands	Vice President	4 Elmwood Hill Lane, Rochester NY 14610	
Daniel C. Barnett	Vice President	165 Ambassador Drive, Rochester, NY 14610	
Timothy Richenberg	Vice President	5677 Horseshoe Lake Road, Stafford, NY 14143	
Thomas S. Summer	Treasurer	1196 Clover Street, Rochester, NY 14610	
Thomas F. Howe	Controller	120 Sandringham Road, Rochester NY 14610	
Robert S. Sands	Secretary	4000 East Avenue, Rochester, NY 14618	
Perry Humphrey	Asst. Treasurer	11 Muirfield Court, Pittsford, NY 14534	
David S. Sorce	Asst. Secretary	3114 Elmwood Avenue, Rochester, NY 14618	
Deborah Weaver	Asst. Secretary	8524 Seven Springs Road, Batavia, NY 14020	X
Ronald C. Fondiller	Asst. Secretary	15 Amity Court, Pittsford, NY 14534	