

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12978

1. Entity Name

BATAVIA WINE CELLARS, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90013 029 \*\*\*150.00

LU033316



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
398 SCHOL STREET  
BATAVIA NY 14020  
US

Mailing Address  
398 SCHOOL STREET  
BATAVIA NY 14020  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 16-1222994

Applied For

Not Applicable

Zip

Country

Zip

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

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

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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete
NAME	COOPER, NED	
STREET ADDRESS	24 NORTH POINTE DRIVE	
CITY-ST-ZIP	BATAVIA NY 14020	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANDS, RICHARD	
STREET ADDRESS	7 LANDSDOWNE LN	
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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Richenberg	
STREET ADDRESS	5677 Horseshoe Lake Road	
CITY-ST-ZIP	Stafford, NY 14143	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas S. Summer	
STREET ADDRESS	1196 Clover Street	
CITY-ST-ZIP	Rochester, NY 14610	
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas F. Howe	
STREET ADDRESS	120 Sandringham Road	
CITY-ST-ZIP	Rochester, NY 14610	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Albee	
STREET ADDRESS	337 West Main St.	
CITY-ST-ZIP	Batavia, NY 14020	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald C. Fondiller	
STREET ADDRESS	15 Amity Court	
CITY-ST-ZIP	Pittsford, NY 14534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01 (716) 344-1111

CR2E034 (10/00)