2003 FOR PROFIT CORPORATION

Mailing Address

398 SCHOOL STREET

BATAVIA NY 14020

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P12978

Country

6. Name and Address of Current Registered Agent ---

1. Entity Name

Principal Place of Business

2. Principal Place of Business

398 SCHOL STREET

Suite, Apt. #, etc.

JONES, WAYNE

2613 GRACE DRIVE P.O. BOX 4198

FORT LAUDERDALE FL 33316

City & State

Zip

BATAVIA NY 14020

BATAVIA WINE CELLARS, INC.



FILED Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90106 002 ***150.00

	ςςςταυυν
	☐ CHECK HERE IF MAKING CHANGES
	4. FEI Number 16-1222994 Applied For Not Applied be
· 	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	7. Name and Address of New Registered Agent
Name	
Street /	dress (P.O. Box Number is Not Acceptable)
-	
City	FL Zip Code
office o	registered agent, or both, in the State of Florida. I am familiar with, and accept
ent signat	required when reinstating) DATE
	9. Election Campaign Financing S5.00 May Be Trust Fund Contribution.
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DDRESS Zip	☐ Change ☐ Addition
dress Zip	☐ Change ☐ Addition

8. The abov	re named entity submits this statement for the pure	one of about the			• Zip Coc	i e
	* *	Juse of changing its	registered office or re	gistered agent, or both, in the State of Florida. I am f	iamiliar with,	and accep
SIGNATURE	Signature					
 _	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE	: Registered Agent signature r	required when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Addec	0 May Be
10.	OFFICERS AND DIRECTO	RS.	11.			
TITLE	AS			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
NAME	ALBEE, RICHARD	☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS	400 BANK STREET		NAME			
CITY-ST-ZIP	BATAVIA NY 14020		STREET ADDRESS			
TITLE	V		CITY-ST-ZIP			
NAME	SANDS, RICHARD	☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS	7 LANDSDOWNE LN		NAME		onlings	
CITY-ST-ZIP	ROCHESTER NY		STREET ADDRESS			
			CITY-ST-ZIP			
TITLE	S	- Delete	- TITLE			
NAME	SANDS, ROBERT		NAME		Change	Addition Addition
STREET ADDRESS	4000 EAST AVENUE		STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER NY	2	CITY-ST-ZIP			
TITLE	AT	☐ Delete	TITLE	_		
NAME	HUMPHREY, PERRY	_ 00,00	NAME	[☐ Change	Addition
STREET ADDRESS	11 MUIRFIELD COURT		STREET ADDRESS			
CITY-ST-ZIP	PITTSFORD NY		CITY-ST-7IP			
TITLE	AS	☐ Delete				
NAME	SORCE, DAVID S	☐ Delete	TITLE	Γ	Change	Addition
	3114 ELMWOOD AVENUE		NAME			
	ROCHESTER NY		STREET ADDRESS			
	P		CITY-ST-ZIP			
	RICHENBERG, TIMOTHY	Delete	TITLE	Г	Change	☐ Addition
TREET ADDRESS	SETT HODERU, HMUTHT		NAME	_	T change	TT Angilliay
ITY-ST-ZIP	5677 HORSESHOE LAKE ROAD STAFFORD NY 14143		STREET ADDRESS			
			CITY-ST-ZIP			
! hereby ce	ertify that the information supplied with this filing do	one not qualify for the				

Country

City

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 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

MEGTUREMUSERERICHARD Albee, Ass't. Sec. 2/14/03

Division of Corporations

Page 1 of 1

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