

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90202 046 ***150.00

DOCUMENT # P16822

1. Corporation Name

AUDUBON CELLARS, INC.

Principal Place of Business

**600 ADDISON STREET
BERKELEY CA 94710**

Mailing Address

**600 ADDISON STREET
BERKELEY CA 94710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1987

4. FEI Number

94-2900457

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**HEIMAN, BRUCE
1934 RAIN FOREST TRAIL
SARASOTA FL 34240**

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 **PD** ☐ DELETE

NAME **TEDE, W. DIETER**
STREET ADDRESS **2833 BRODERICK ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94123**

TITLE **D** ☐ DELETE

NAME **GOSSARD, JOHN**
STREET ADDRESS **168 ARDMORE RD.**
CITY-ST-ZIP **KENSINGTON CA 94707**

TITLE **D** ☐ DELETE

NAME **POLESSELLI, LLOYD**
STREET ADDRESS **2531 HOLLAND ST**
CITY-ST-ZIP **SAN MATEO CA 94403**

TITLE **VD** ☐ DELETE

NAME **GRUSHKOWITZ, BARRY W**
STREET ADDRESS **316 OAKES BLVD**
CITY-ST-ZIP **SAN LEANDRO CA 94577**

TITLE **S** ☐ DELETE

NAME **MAHONEY, CHRISTINE R**
STREET ADDRESS **201 DOLCITA CT.**
CITY-ST-ZIP **DANVILLE CA**

TITLE **D** ☐ DELETE

NAME **RITCHIE, KIRSTEN**
STREET ADDRESS **5810 MC ANDREW DR**
CITY-ST-ZIP **OAKLAND CA 94611**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIG Barry W. Grushkowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/99

510-540-5384

Daytime Phone #

CR2E034 (11/98)