

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16822

1. Entity Name

AUDUBON CELLARS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90187 042 ***150.00

Principal Place of Business

600 ADDISON STREET
BERKELEY CA 94710

Mailing Address

600 ADDISON STREET
BERKELEY CA 94710-1920

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-2900457

Applied For

Not Applicable

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

HEIMAN, BRUCE
1934 RAIN FOREST TRAIL
SARASOTA FL 34240

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

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, 2000 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 PD
NAME TEDE, W. DIETER
STREET ADDRESS 2833 BRODERICK ST.
CITY-ST-ZIP SAN FRANCISCO CA 94123 ☐ Delete

TITLE D
NAME TEDE, KARL
STREET ADDRESS 382 CHESTNUT ST.
CITY-ST-ZIP SAN FRANCISCO, CA. 94133 ☐ Change ☒ Addition

TITLE D
NAME GOSSARD, JOHN
STREET ADDRESS 166 ARDMORE RD.
CITY-ST-ZIP KENSINGTON CA 94707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME POLESSELLI, LLOYD
STREET ADDRESS 2531 HOLLAND ST
CITY-ST-ZIP SAN MATEO CA 94403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GRUSHKOWITZ, BARRY W
STREET ADDRESS 316 OAKES BLVD
CITY-ST-ZIP SAN LEANDRO CA 94577 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME MAHONEY, CHRISTINE R
STREET ADDRESS 201 DOLCITA CT.
CITY-ST-ZIP DANVILLE CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RITCHIE, KIRSTEN
STREET ADDRESS 5810 MC ANDREW DR
CITY-ST-ZIP OAKLAND CA 94611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

BARRY W. GRUSHKOWITZ
Date 2/3/00

510-540-5384
Daytime Phone #

CR2E034 (9/99)