

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90024 003 ***150.00

0028352 AT

DOCUMENT # P16822
1. Entity Name
AUDUBON CELLARS, INC.

Principal Place of Business 600 ADDISON STREET BERKELEY CA 94710	Mailing Address 600 ADDISON STREET BERKELEY CA 94710
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2900457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEIMAN, BRUCE 1934 RAIN FOREST TRAIL SARASOTA FL 34240	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GOSSARD, JOHN STREET ADDRESS 166 ARDMORE RD. CITY-ST-ZIP KENSINGTON CA 94707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME POLESSELLI, LLOYD STREET ADDRESS 2531 HOLLAND ST CITY-ST-ZIP SAN MATEO CA 94403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GRUSHKOWITZ, BARRY W STREET ADDRESS 316 OAKES BLVD CITY-ST-ZIP SAN LEANDRO CA 94577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MAHONEY, CHRISTINE R STREET ADDRESS 201 DOLCITA CT. CITY-ST-ZIP DANVILLE CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RITCHIE, KIRSTEN STREET ADDRESS 5810 MC ANDREW DR CITY-ST-ZIP OAKLAND CA 94611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara Anderson* **SIGNATURE REQUIRED** **DATE:** Jan. 3, 2002 **DAYTIME PHONE #:** 510-540-5384

CR2E034 (9/01)