

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90257 031 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2900457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **KARL TEDE**
STREET ADDRESS **80 PIEDMONT CT**
CITY-ST-ZIP **LARKSPUR, CA 94939**

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

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

12. 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 10 or Block 11 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

1-23-03
Date

510-540-5384
Daytime Phone #

CR2E034 (10/02)