

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

04-03-2000 90124 037 \*\*\*150.00

**DOCUMENT # P20354**

1. Entity Name

**ALAMBIC, INC.**

Principal Place of Business

Mailing Address

~~500 LOW GAP RD~~  
~~P O BOX 1059~~  
 UKIAH CA 95482  
 US

P O BOX 1059  
~~P.O. BOX 175~~ delete  
 UKLAH CA 95482-0175  
 US

2. Principal Place of Business

3. Mailing Address

~~5000 Low Gap Rd~~  
 Suite, Apt. #, etc.  
**3001 S. State St #35**

**Po Box 1059**

City & State

City & State

**Ukiah, CA**

**Ukiah, CA**

4. FEI Number

**94-2895035**

Applied For

Not Applicable

Zip

Country

Zip

Country

**95482 USA**

**USA**

**95482**

**USA**

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

**LEVINE, DAVID**  
**% LIQUID ASSETS**  
**8563 NW 52ND PLACE**  
**CORAL SPRINGS FL 33067**

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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>COALE, ANSLEY J.</b>	
STREET ADDRESS	<b>5000 LOW GAP ROAD</b>	
CITY-ST-ZIP	<b>UKIAH CA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GERMAIN-ROBIN, HUBERT</b>	
STREET ADDRESS	<b>6580 BLACK BART TRAIL</b>	
CITY-ST-ZIP	<b>REDWOOD VALLEY CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COALE, ANSLEY J.</b>	
STREET ADDRESS	<b>5000 LOW GAP ROAD</b>	
CITY-ST-ZIP	<b>UKIAH CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PULSIFER, STEPHEN</b>	
STREET ADDRESS	<b>20 UPPER HOOD ROAD</b>	
CITY-ST-ZIP	<b>KATONAH NY</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>NIDEROST, DENISE</b>	
STREET ADDRESS	<b>730 NORTH PINE STREET</b>	
CITY-ST-ZIP	<b>UKIAH CA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOYLE, PATRICE</b>	
STREET ADDRESS	<b>10 PINE FLAT RD</b>	
CITY-ST-ZIP	<b>SANTA CRUZ CA 95060</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**Denise Niderost**  
**VP, Treasurer**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/00**

Date

**707 462.0314**

Daytime Phone #

CF 1014 11981