

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90134 026 \*\*\*158.75

**DOCUMENT # P22000**

1. Entity Name

**THE GENESEE BREWING COMPANY, INC.**

Principal Place of Business

Mailing Address

**145 ST. PAUL STREET  
ROCHESTER NY 14605**

**445 ST. PAUL STREET  
ROCHESTER NY 14605-1726**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

4. FEI Number **16-1313168**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	CHARLES S. WEHLE	
STREET ADDRESS	136 SYLVANIA RD.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LATELLA, ROBERT N.	
STREET ADDRESS	170 AMBASSADOR DR.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THEISS, LLOYD R	
STREET ADDRESS	879 N. GREECE RD.	
CITY-ST-ZIP	ROCHESTER NY 14626	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEUNIG, MARK W.	
STREET ADDRESS	20 HALSTEAD RISE	
CITY-ST-ZIP	FAIRPORT NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEMINN, GARY C.	
STREET ADDRESS	8 FALLING BROOK ROAD	
CITY-ST-ZIP	FAIRPORT NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel T. Hubbard, Jr.	
STREET ADDRESS	296 Sandringham Rd.	
CITY-ST-ZIP	Rochester, NY 14610	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John B. Henderson	
STREET ADDRESS	145 Brookside Drive	
CITY-ST-ZIP	Rochester, NY 14618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark W. Leunig**

Date

**4/20/00**

Daytime Phone #

**716-263-9446**

CR2E034 (9/99)