

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32269

1. Entity Name

THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORA

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90021 044 ****61.25

Principal Place of Business

Mailing Address

1550 BRYANT ST. #700
 SAN FRANCISCO CA 94103

1550 BRYANT ST. #700
 SAN FRANCISCO CA 94103-4858

906907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

304 W. Liberty St
 Suite, Apt. #, etc.
 201

3. Mailing Address

304 W Liberty St
 Suite, Apt. #, etc.
 201

City & State

Louisville KY

City & State

Louisville KY

4. FEI Number

94-2780315

Applied For

Not Applicable

Zip

Country

40202

USA

Zip

Country

40202

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

PHYLLIS FESTINGER
 8362 PINE BLVD #247
 PEMBROOK PINES FL 33024

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	LINN, GEORGE	
STREET ADDRESS	53 AQUA VISTA WAY	
CITY-ST-ZIP	SAN FRANCISCO CA 94131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERK, MICHAEL	
STREET ADDRESS	1550 BRYANT ST. #700	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DEBORAH ORRILL	
STREET ADDRESS	1550 BRYANT ST #700	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	SPARDS, BOBBY G	
STREET ADDRESS	1550 BRYANT STREET, SUITE 700	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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 617, 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: Phyllis Festinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 954-962-6772
 Date Daytime Phone #