

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90026 007 \*\*\*150.00

**DOCUMENT # R26152**

1. Entity Name  
**PACIFIC SOUTHERN WINE COMPANY**

Principal Place of Business

**300 W WIEUCA RD NE  
~~STE 209~~ BLDG 1  
 ATLANTA GA 30342  
 US**

Mailing Address

**300 W WIEUCA RD NE  
~~STE 209~~ BLDG 1  
 ATLANTA GA 30342  
 US**

000044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.  
**SUITE 210, BLDG 1**  
 City & State

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 210, BLDG 1**  
 City & State

4. FEI Number **58-1848928**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ 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)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 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	V	<input type="checkbox"/> Delete
NAME	LARKIN, ROBERT N., JR.	
STREET ADDRESS	1460 SE 14TH COURT	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LARKIN, JOHN T.	
STREET ADDRESS	746 STARLIGHT DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	BREMER, KATHY L	
STREET ADDRESS	450 OLD CREEK ROAD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BREMER, H	
STREET ADDRESS	450 OLD CREEK, RD	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	
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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/09/01 Daytime Phone #: 404-256-5847

CR2E034 (10/00)