

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 032 ***150.00

0036442 AV

DOCUMENT # 598619

1. Entity Name

CHARTER CARIBBEAN COMPANY

Principal Place of Business

**4655 SALISBURY RD., STE. 399
 JACKSONVILLE FL 32256**

Mailing Address

**4655 SALISBURY RD., STE. 399
 JACKSONVILLE FL 32256**

2. Principal Place of Business

8833 Perimeter Park Blvd.

Suite, Apt. #, etc.

Suite 402

3. Mailing Address

8833 Perimeter Park Blvd.

Suite, Apt. #, etc.

Suite 402

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

Zip

32216

Country

4. FEI Number

59-1882007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2002 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 **VS** ☐ Delete
 NAME **ROSS, JOHN E**
 STREET ADDRESS **4655 SALISBURY RD STE 399**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **PD** ☒ Delete
 NAME **BRISKMAN, LOUIS J**
 STREET ADDRESS **51 WEST 52ND STREET**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **EVD** ☐ Delete
 NAME **FRICKLAS, MICHAEL D**
 STREET ADDRESS **1515 BROADWAY**
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **EVD** ☒ Delete
 NAME **REYNOLDS, FREDRIC G**
 STREET ADDRESS **1515 BROADWAY**
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **SV** ☐ Delete
 NAME **ROSKIN, WILLIAM A**
 STREET ADDRESS **1515 BROADWAY**
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **VC** ☐ Delete
 NAME **DAVIS, JAMES F**
 STREET ADDRESS **11 STANWIX STREET**
 CITY-ST-ZIP **PITTSBURGH PA 15222**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SEV/D/CFO** ☐ Change ☒ Addition
 NAME **Richard J. Bressler**
 STREET ADDRESS **1515 Broadway**
 CITY-ST-ZIP **New York, NY 10036**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Ross, John E.**
 STREET ADDRESS **8833 Perimeter Park Blvd., Ste. 402**
 CITY-ST-ZIP **Jacksonville, FL 32216**

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

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

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

TITLE ☐ Change ☐ 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:

John E. Ross, V.P.

4/3/02

904-281-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

B0064219

Attachment to
2002 Uniform Business Report
for
Charter Caribbean Company
Document #598619

11. Officers and Directors	
Title	V/AS <input type="checkbox"/> Delete
Name	Michelena Hallie
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V/AS <input type="checkbox"/> Delete
Name	Mark C. Morril
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Jack Carpenter
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Robert G. Freedline
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Susan C. Gordon
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	V <input type="checkbox"/> Delete
Name	Victor S. Rappa
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input type="checkbox"/> Delete
Name	Laura Franco
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input checked="" type="checkbox"/> Delete
Name	Donna A. Hoffman
Street Address	4655 Salisbury Rd., Ste. 399
City, State, Zip	Jacksonville, FL 32256
Title	AS <input type="checkbox"/> Delete
Name	Katherine B. Rosenberg
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036
Title	AS <input checked="" type="checkbox"/> Delete
Name	Ilene W. Stack
Street Address	1515 Broadway
City, State, Zip	New York, NY 10036