

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2002 90446 031 \*\*\*150.00

0037037 AV

**DOCUMENT # 617461**

1. Entity Name  
**CHARTER OIL (BAHAMAS), INC.**

Principal Place of Business  
**4655 SALISBURY ROAD, STE. 399**  
**JACKSONVILLE FL 32256**

Mailing Address  
**4655 SALISBURY ROAD, STE. 399**  
**JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number **59-1948608**

Applied For  
 Not Applicable

Zip  
**32216**

Country

Zip  
**32216**

Country

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**

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

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRISKMAN, LOUIS J</b> <b>51 WEST 52ND STREET</b> <b>NEW YORK NY 10019</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>ROSS, JOHN E</b> <b>4655 SALISBURY RD STE 399</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>FRICKLAS, MICHAEL D</b> <b>1515 BROADWAY</b> <b>NEW YORK NY 10036</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>ROSKIN, WILLIAM A</b> <b>1515 BROADWAY</b> <b>NEW YORK NY 10036</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>DAVIS, JAMES F</b> <b>11 STANWIX STREET</b> <b>PITTSBURG PA 15222</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>REYNOLDS, FREDRIC G</b> <b>1515 BROADWAY</b> <b>NEW YORK NY 10036</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEV/D/CFO</b> <b>Richard J. Bressler</b> <b>1515 Broadway</b> <b>New York, NY 10036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Ross, John E.</b> <b>8833 Perimeter Park Blvd., Ste. 402</b> <b>Jacksonville, FL 32216</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*  
**John E. Ross, V.P.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/02**

Date

**904-281-4488**

Daytime Phone #

CF2E034 (9/01)

B0064220

Attachment to  
2002 Uniform Business Report  
for  
Charter Oil (Bahamas), Inc.  
Document #617461

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