

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90050 001 ****61.25

DOCUMENT # 734883

1. Entity Name

LIGHT IN THE EAST, INC.

Principal Place of Business

Mailing Address

351 BENNETTS FARM RD.
RIDGEFIELD CT 06877

LIGHT IN THE EAST INC
P O BOX 1126
RIDGEFIELD CT 06877-9126
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1692656

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DRY, CHARLES

475 SE SAINT LUCIE BLVD 4569 SE HALSTON CT

APTE A-92

STUART FL 34996-34997

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:
FEES 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 ☐ Delete
NAME PD
STREET ADDRESS BERGEN, JACOB
CITY-ST-ZIP 351 BENNETTS FARM RD.
RIDGEFIELD CT

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CAMPANA, ANTHONY
CITY-ST-ZIP 25 DIAMOND HILL RD
WEST REDDING, CT 06896

TITLE ☐ Delete
NAME T
STREET ADDRESS BERGEN, LILLIAN
CITY-ST-ZIP 351 BENNETTS FARM RD.
RIDGEFIELD CT

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SIMITIU, GABRIEL
CITY-ST-ZIP 63-53 60TH PLACE
RIDGEWOOD NY

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CAMILLERI, ROBERT
CITY-ST-ZIP 11079 AUBURNDALE STREET
SPRINGS HILL FL

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

TITLE ☐ Delete
NAME VCD
STREET ADDRESS LAKE, JAMES
CITY-ST-ZIP 799 SO MAIN ST
ATHOL MA

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

TITLE ☐ Delete
NAME S
STREET ADDRESS LAKE, NANCY
CITY-ST-ZIP 799 SO MAIN ST
ATHOL MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jacob Bergen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/12/2000 Daytime Phone # (203) 431-9817

CR2E037 (9/99)