

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734883

1. Entity Name

LIGHT IN THE EAST, INC.

Principal Place of Business

351 BENNETTS FARM RD.  
RIDGEFIELD CT 06877

Mailing Address

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

DRY, CHARLES  
4569 SE HALSTON CT  
STUART FL 34997

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

TITLE D ☐ Change ☒ Addition  
NAME KRAUS, ROBERT  
STREET ADDRESS 57 PROSPECT ST APT 31  
CITY-ST-ZIP RIDGEFIELD, CT 06877

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

TITLE D ☐ Change ☒ Addition  
NAME CAMPANA, ANTHONY  
STREET ADDRESS 3224 PARK FOREST DR  
CITY-ST-ZIP W BLOOMFIELD, MI 48324

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

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

TITLE D ☐ Delete  
NAME CAMILLERI, ROBERT  
STREET ADDRESS 12221 LEGEND ST  
CITY-ST-ZIP SPRING HILL FL 34609

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

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

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

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

SIGNATURE REBUTED (JACOB BERGEN) 01-24-02 (203) 431-9817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE