

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821528

1. Entity Name

U.C. REALTY CORP

Principal Place of Business Mailing Address
75 CHESTNUT RIDGE ROAD 6400 POPLAR AVE
MONTVALE NJ 07645 MEMPHIS TN 38197

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

13-2611691

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
NAME RONNIE, LEONARD H
STREET ADDRESS 75 CHESTNUT RIDGE RD
CITY - ST - ZIP MONTVALE NJ 07645

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 06/09/00 90219 031 150.00

TITLE VICE PRESIDENT ☐ Delete
NAME ALDERMAN, JOHN D
STREET ADDRESS 108 TRADERS CROSS, STE 102
CITY - ST - ZIP BLUFFTON SC 29910

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

TITLE ASSISTANT SECRETARY ☐ Delete
NAME SMITHERS, BARBARA L
STREET ADDRESS 2 MANHATTANVILLE RD
CITY - ST - ZIP PURCHASE NY 10577

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 800004462028--6
-07/06/01--01041--002
*****150.00 *****150.00

TITLE VP & ASST TREASURER ☐ Delete
NAME KLIMAN, THOMAS A
STREET ADDRESS 6400 POPLAR AVE
CITY - ST - ZIP MEMPHIS TN 38197

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 800004462028--6
-07/06/01--01041--003
*****600.00 *****600.00

TITLE ASST TREASURER ☐ Delete
NAME FINNEGAN, JOHN
STREET ADDRESS 6400 POPLAR AVE
CITY - ST - ZIP MEMPHIS TN 38197

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

TITLE ☐ Delete
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 Finnegan* JOHN FINNEGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01
Date

901-763-6000
Daytime Phone #