

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827906

1. Entity Name
EDEN PARK MANAGEMENT, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90008 026 ***150.00

Principal Place of Business Mailing Address
22 HOLLAND AVE **22 HOLLAND AVE**
ALBANY NY 12209 **ALBANY NY 12209-1713**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KANE, JOHN
7300 OLEANDER AVE.
PORT ST. LUCIE FL 33452

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 _____ (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, 2000 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	V	<input type="checkbox"/> Delete
NAME	MCDONALD, JEFF	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MENDLESON, ALTON P, JR	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOFFMAN, SCOTT H-	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	KANE, JACK	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLOCK, ROBERT	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MORTON	
STREET ADDRESS	11 MARTINE AVE	
CITY-ST-ZIP	WHITE PLAINS NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alton P. Mendleson Jr.* **PRES.** 1/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)