

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827906

1. Entity Name
EDEN PARK MANAGEMENT, INC.

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 09, 2002 8:00 am
Secretary of State
01-09-2002 90010 018 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1515566 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III
555 COLORADO AVENUE, STE. 1
STUART FL 34994

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 checked="" 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:

Signature of Robert G. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02
Date

Daytime Phone #

06/18/50 AT

CR2E034 (9/01)