

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90221 020 \*\*\*150.00

**DOCUMENT # 827906**



1. Entity Name  
**EDEN PARK MANAGEMENT, INC.**

Principal Place of Business  
**22 HOLLAND AVE  
ALBANY NY 12209**

Mailing Address  
**22 HOLLAND AVE  
ALBANY NY 12209**

10000380



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **14-1515566**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V**  Delete  
NAME **MCDONALD, JEFF**  
STREET ADDRESS **22 HOLLAND AVE**  
CITY-ST-ZIP **ALBANY, NY 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PTD**  Delete  
NAME **MENDLESON, ALTON P, JR**  
STREET ADDRESS **22 HOLLAND AVE**  
CITY-ST-ZIP **ALBANY, NY 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD**  Delete  
NAME **HOFFMAN, SCOTT H**  
STREET ADDRESS **22 HOLLAND AVE**  
CITY-ST-ZIP **ALBANY NY**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **GLOCK, ROBERT**  
STREET ADDRESS **22 HOLLAND AVE**  
CITY-ST-ZIP **ALBANY, NY 00000**

TITLE **ASSISTANT SEC.**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **SMITH, MORTON**  
STREET ADDRESS **11 MARTINE AVE**  
CITY-ST-ZIP **WHITE PLAINS NY**

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

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 607, 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: \_\_\_\_\_

*Alton P. Mendleson Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**TREAS.**  
Daytime Phone #

CR2E034 (10/02)