## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2000 8:00 am Secretary of State DOCUMENT # 834637 1. Entity Name LOEB PARTNERS REALTY AND DEVELOPMENT CORP. 05-13-2000 90008 022 \*\*\*150.00 Principal Place of Business Mailing Address 444 SEABREEZE BOULEVARD SEABREEZE BOULEVARD SUITE 800 ...... 800 DAYTONA BEACH FL 32118-3953 **BEACH FL 32118** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1596898 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONACO, SMITH, HOOD, PERKINS, LOUCKS & Street Address (P.O. Box Number is Not Acceptable) STOUT 444 SEABREEZE BOULEVARD, SUITE 900 DAYTONA BEACH FL 32118 City 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 fig. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be िर्देश filling requirement and elects to do so. 'After MAY 1; 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP Addition CR2E034 (9/99 ☐ Delete ☐ Change TITLE ILESSER, JOSEPH S. 1945 1945 1975 NAME ES SE NAME **521 FIFTH AVENUE** STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP **ATAS** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOSBERG, PHYLLIS NAME NAMÉ **521 FIFTH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST~ZIP ☐ Change ☐ Addition DVT ☐ Delete TITLE TITLE GORDON, ALAN L NAME NAME 521 FIFTH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SOPKO, RUTH K. NAME NAME 521 FIFTH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW YORK NY** CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAUGHTON, GARY L. NAME STREET ADDRESS **521 FIFTH AVENUE** STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received per 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

FILED