

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90092 049 \*\*\*150.00

**DOCUMENT # 834637**

1. Entity Name

**LOEB PARTNERS REALTY AND DEVELOPMENT CORP.**

Principal Place of Business

**444 SEABREEZE BOULEVARD**

~~SUITE 000~~

**DAYTONA BEACH FL 32118**

Mailing Address

**444 SEABREEZE BOULEVARD**

~~SUITE 000~~

**DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 325**

Suite, Apt. #, etc.

**Suite 325**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1596898**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONACO, SMITH, HOOD, PERKINS, LOUCKS &  
STOUT**

**444 SEABREEZE BOULEVARD, SUITE 900  
DAYTONA BEACH FL 32118**

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

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

(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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LESSER, JOSEPH S.	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ATAS	<input checked="" type="checkbox"/> Delete
NAME	MOSBERG, PHYLLIS	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	GORDON, ALAN L.	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SOPKO, RUTH K.	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAUGHTON, GARY L.	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ATAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven J. Gold	
STREET ADDRESS	521 Fifth Avenue	
CITY-ST-ZIP	New York NY 10175	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Mosberg	
STREET ADDRESS	521 Fifth Avenue	
CITY-ST-ZIP	New York NY 10175	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN L. GORDON**

Date

Daytime Phone #

CR2E034 (9/01)