FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2003 8:00 am Secretary of State DOCUMENT # 834637 04-28-2003 91460 014 \*\*\*150.00 1. Entity Name LOEB PARTNERS REALTY AND DEVELOPMENT CORP. Mailing Address Principal Place of Business 444 SEABREEZE BOULEVARD 444 SEABREEZE BOULEVARD SUITE 325 SUITE 325 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-1596898 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE NAME NAME LESSER, JOSEPH S. STREET ADDRESS **521 FIFTH AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition TITLE Delete TITLE **ATAS** EVEN 4. OSDOBY NAME NAME GOLD, STEVEN D 521 FAFTH ATVENUE STREET ADDRESS STREET ADDRESS 521 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10175** Delete\_ TITLE TITLE Change Change ☐ Addition NAME NAME GORDON, ALAN L. STREET ADDRESS STREET ADDRESS 521 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME MOSBERG, PHYLLIS STREET ADDRESS STREET ADDRESS 521 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10175** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME NAUGHTON, GARY L STREET ADDRESS STREET ADDRESS 521 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Delete TITLE TITLE ☐ Change Addition NAME

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 poort 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 of the corporation or the receiver or trustee changed, or on an attachment with an address

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGI SIGNATURE AND T TED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN L. GORDON