

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835345

1. Entity Name

MAD RANCH REALTY CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90079 037 ***150.00

Principal Place of Business

Mailing Address

23 WALL STREET
NEW YORK NY 10260-0023
US

23 WALL STREET
NEW YORK NY 10260-1000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2833325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 TAS ☐ Delete

NAME MANCUSO, ANNE M.
STREET ADDRESS 23 WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE PD ☒ Delete

NAME MARCHAND, DAVID H
STREET ADDRESS 23 WALL STREET
CITY-ST-ZIP NEW YORK NY 23

TITLE VASD ☐ Delete

NAME ADKINSON, J DANIEL
STREET ADDRESS 23 WALL STREET
CITY-ST-ZIP NEW YORK, N Y

TITLE VASD ☒ Delete

NAME RICCO, CLIFFORD E.
STREET ADDRESS 23 WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE VSD ☐ Delete

NAME RODITI, JACK
STREET ADDRESS 23 WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TASD ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

AVASD ☐ Change ☒ Addition

NAME Schiavi, Janine M.
STREET ADDRESS 23 Wall Street
CITY-ST-ZIP New York, N.Y.

PD ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

VASD ☐ Change ☒ Addition

NAME Dugoff, Richard L.
STREET ADDRESS 23 Wall Street
CITY-ST-ZIP New York, N.Y.

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

Anne M. Mancuso

Date

Daytime Phone #

CR2E034 (9/99)