

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839612

1. Entity Name

W R C PROPERTIES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90159 018 ***150.00

Principal Place of Business

Mailing Address

730 THIRD AVENUE 15/485
 NEW YORK NY 10017

730 THIRD AVENUE 15/485
 NEW YORK NY 10017-3206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0141732

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

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	VD	<input type="checkbox"/> Delete
NAME	DIGENNARO, PHILIP	
STREET ADDRESS	730 THIRD AVENUE 15/485	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STAMM, CHARLES H.	
STREET ADDRESS	730 THIRD AVENUE 15/485	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOMERS, JOHN A	
STREET ADDRESS	730 THIRD AVENUE 15/485	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADAMSKI, RICHARD J	
STREET ADDRESS	730 THIRD AVENUE 15/485	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUIK, JOSEPH W	
STREET ADDRESS	730 THIRD AVENUE 15/485	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLAPMAN, PETER C.	
STREET ADDRESS	730 THIRD AVENUE 15/485	
CITY-ST-ZIP	NEW YORK NY 10017	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark L. Serlen	
STREET ADDRESS	730 3rd Avenue	
CITY-ST-ZIP	New York, NY 10017	

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:

Mark Serlen

Mark Serlen

4/15/00

(212)-916-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #