

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90070 021 ***150.00

DOCUMENT # 841665

1. Entity Name

HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPO

Principal Place of Business

Mailing Address

**300 YORK STREET
NEW HAVEN CT 06511****300 YORK STREET
NEW HAVEN CT 06511**

J J J J J J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0901699**

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

**BELL, OWEN
301 DANIA BEACH BOULEVARD
DANIA, FL. KFL 33004**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
NEWMAN, HERBERT S.
12 ROUND HILL LANE
WOODBIDGE CT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Raso, Michael
24112 Townwalk Drive
Hamden CT 06518** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NEWMAN, EDNA L.
12 ROUND HILL LANE
WOODBIDGE CT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.D.
SCHIFFER, JOSEPH C.
52 RIVERVIEW AVENUE
BRANFORD CT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GODSHALL, ROBERT
238 ALDEN AVE.
NEW HAVEN CT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEWMAN, NOEL
1 ELLIOT PLACE
FAIRFIELD CT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAVIS, TERRY
117 NORTHFORD RD.
BRANFORD CT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Change ☐ Addition

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

Herbert S. Newman

Date

Daytime Phone #

(203) 772-1990

CR2E034 (10/00)