

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853705

1. Entity Name

FLEET CAPITAL CORPORATION

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90056 021 ***150.00

Principal Place of Business
200 GLASTONBURY BLVD
GLASTONBURY CT 06033
US

Mailing Address
200 GLASTONBURY BLVD
GLASTONBURY CT 06033-4418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0342167

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 CD ☒ Delete
NAME BLAND, PETER G
STREET ADDRESS 200 GLASTONBURY BLVD
CITY-ST-ZIP GLASTONBURY CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHAMIDES, RONALD H
STREET ADDRESS 111 WESTMINSTER ST.
CITY-ST-ZIP PROVIDENCE RI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME TEICH, IRWIN
STREET ADDRESS 300 GALLERIA PKWY NW
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME CLARKE, TIMOTHY A
STREET ADDRESS 200 GLASTONBURY BLVD
CITY-ST-ZIP GLASTONBURY CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MUSINKI, LOUIS J
STREET ADDRESS 200 GLASTONBURY BLVD
CITY-ST-ZIP GLASTONBURY CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BAILEY, ROSEMARY
STREET ADDRESS 200 GLASTONBURY BLVD
CITY-ST-ZIP GLASTONBURY CT

TITLE ☐ 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:

Rosemary Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARY BAILEY
VICE PRESIDENT

Date

3/16/00

(860) 659-3200
Daytime Phone #