

2001 UNIFORM BUSINESS REPORT (UBR)

0338779

DOCUMENT # F41380

1. Entity Name

SIDNEY B. BOWNE & SON, INC.

FILED

01 FEB -8 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 N. ASHLEY DR.
STE 2050
TAMPA FL 33602
US

Mailing Address

400 N. ASHLEY DR.
STE 2050
TAMPA FL 33602
US

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 59-2116108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHELLER, CHESTER E.
400 N. ASHLEY DR
SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ANTETOMASO, FRANK J.	
STREET ADDRESS	63 LEONARD DR	
CITY-ST-ZIP	MASSAPEQUA NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STANTON, ROBERT A.	
STREET ADDRESS	10 KNOLLWOOD AVENUE	
CITY-ST-ZIP	BAYVILLE NY	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KELSEY, CHESTER C.	
STREET ADDRESS	2379 ELK COURT	
CITY-ST-ZIP	N. BELLMORE NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACKMAN, ZABDIEL A.	
STREET ADDRESS	9 HILLCREST ROAD	
CITY-ST-ZIP	PORT WASHINGTON, NY.	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAGAN, GEORGE	
STREET ADDRESS	26 OAKLEY PLACE	
CITY-ST-ZIP	W ISLIP NY 11795	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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****150.00 ****150.00

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:

Robert A. Stanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/01

Date

516/746-2350

Daytime Phone #

CR2E034 (10/00)