

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004457

1. Entity Name

TARRAGON CAPITAL CORPORATION

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

01-26-2000 90032 018 ***150.00

Principal Place of Business

Mailing Address

280 PARK AVE., EAST BLDG., 20TH FLOOR
NEW YORK NY 10017

280 PARK AVE., EAST BLDG., 20TH FLOOR
NEW YORK NY 10017-1216

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 **75-2340089**

Applied For
Not Applied For

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 SOUTH 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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **FRIEDMAN, LUCY N**
CITY-ST-ZIP **280 PARK AVE., EAST BLDG., 20TH FLOOR**
NEW YORK NY 10017

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **FRIEDMAN, WILLIAM S.**
CITY-ST-ZIP **280 PARK AVENUE EAST BLDG 20TH FLOOR**
NEW YORK NY

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **FRIEDMAN, TANYA E**
CITY-ST-ZIP **883 GUERRERO STREET**
SAN FRANCISCO CA 94110

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **FRIEDMAN, EZRA H**
CITY-ST-ZIP **10 MAGAZINE STREET**
CAMBRIDGE MA 02139-KKKK

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GOLDBERG, EILEEN**
CITY-ST-ZIP **280 PARK AVE., EAST BLDG., 20TH FLOOR**
NEW YORK NY 10017

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **ASST S**
STREET ADDRESS **Gaddberg, Eileen**
CITY-ST-ZIP **280 Park Ave. East Bldg, 20th FL**
New York, NY 10017

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Mansfield, Kathryn**
CITY-ST-ZIP **3100 Northcreek**
Dallas, TX 75250

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

Date

Daytime Phone #

212-949-5000