

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004548

1. Entity Name

MERIT CAPITAL ASSOCIATES, INCORPORATED

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90006 041 ***150.00

Principal Place of Business

Mailing Address

1221 POST ROAD EAST
WESTPORT CT 06880
US

1221 POST ROAD EAST
WESTPORT CT 06880-5430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1346232

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

CRANE, SCOTT
433 PLAZA REAL SUITE 275
BOCA RATON FL 33432

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 CDT ☐ Delete
NAME NEWTON, RUSSELL W
STREET ADDRESS 238 PONUS RIDGE RD
CITY-ST-ZIP NEW CANAAN CT

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

TITLE PD ☐ Delete
NAME RYAN, BRUCE C
STREET ADDRESS 4 ARROWHEAD ROAD
CITY-ST-ZIP WESTPORT CT 06880

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

TITLE V ☐ Delete
NAME CRANE, SCOTT
STREET ADDRESS 8121 MIZNER LANE
CITY-ST-ZIP BOCA RATON FL

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

TITLE S ☒ Delete
NAME NEWTON, KELLY M
STREET ADDRESS 238 PONUS RIDGE RD
CITY-ST-ZIP NEW CANAAN CT

TITLE S ☐ Change ☒ Addition
NAME Robert Fitzpatrick
STREET ADDRESS S Pioneer Trail
CITY-ST-ZIP Trumbull, CT 06611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Russell W Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 (203) 341-3500
Date Daytime Phone #

CR2E034 (9/99)