

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003716

1. Entity Name

NCB PROPERTIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90185 030 ***150.00

Principal Place of Business

Mailing Address

22 CORPORATE WOODS BLVD
ALBANY NY 12211

22 CORPORATE WOODS BLVD
ALBANY NY 12211-2350

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

14-1485803

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	VPC	<input type="checkbox"/> Delete
NAME	SENECAL, JOSEPH J	
STREET ADDRESS	22 CORPORATE WOODS BLVD	
CITY-ST-ZIP	ALBANY NY 12211	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VOLKHEIMER, STEPHEN H	
STREET ADDRESS	66 S PEARL STREET	
CITY-ST-ZIP	ALBANY NY 12207	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAROTTA, RICHARD M	
STREET ADDRESS	66 S PEARL STREET	
CITY-ST-ZIP	ALBANY NY 12207	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CAULFIELD, TIMOTHY	
STREET ADDRESS	66 S. PEARL STREET	
CITY-ST-ZIP	ALBANY NY 12207	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BURKE, LARRY	
STREET ADDRESS	127 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	T	<input type="checkbox"/> Delete
NAME	IRVING, LEE G	
STREET ADDRESS	127 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND OH 44114	

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
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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	

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 #

Helen Pelton

(518)391-6291

CR2E034 (9/99)