

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005703

1. Entity Name

IVANS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90202 004 ***150.00

Principal Place of Business	Mailing Address
WEST PUTNAM AVE. CT 06830	777 WEST PUTNAM AVE. GREENWICH CT 06830-5091

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-3142765	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, JOSEPH
IVANS, INC.
5405 CYPRESS CENTER DR.
TAMPA FL 33609-1024

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 _____ (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	P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, DANIEL	NAME	
STREET ADDRESS	6 OCEAN VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	CITY-ST-ZIP	
TITLE	V. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, MICHAEL	NAME	
STREET ADDRESS	21 SAXON DR.	STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY 10595	CITY-ST-ZIP	
TITLE	TS. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, ROBERT S	NAME	
STREET ADDRESS	3 BLACKMAN ROAD	STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORR, MARJOIE	NAME	
STREET ADDRESS	370 BASSETT RD.	STREET ADDRESS	
CITY-ST-ZIP	N. HAVEN CT 06473	CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTRINGER JAMES	NAME	
STREET ADDRESS	40 WANTAGE AVE	STREET ADDRESS	
CITY-ST-ZIP	BRANCHVILLE NJ	CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROWDY, ROBERT	NAME	
STREET ADDRESS	ONE BEACON ST	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	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: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-24-00 Daytime Phone #: 203-532-2121

CR2E034 (9/99)