

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002345

1. Entity Name  
SANDHURST ASSOCIATES, LTD., INC.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90206 029 \*\*\*150.00

0617797 AT

Principal Place of Business  
% FISHER BROTHERS  
299 PARK AVE.  
NEW YORK NY 10171

Mailing Address  
% FISHER BROTHERS  
299 PARK AVE.  
NEW YORK NY 10171

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 13-3653500

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHALEN, JOHN J	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHER, KENNETH	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLEINER, SAM	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENBERG, SAMUEL	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, M. ANTHONY	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, ARNOLD	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	

11. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sam Kleiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)