

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90065 038 ***150.00

DOCUMENT # F95000003549

1. Entity Name

Koala Tampa Realty Holding Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

522 Fifth Ave.

3. Mailing Address

522 Fifth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New York, NY

City & State

New York, NY

4. FEI Number

13-3842317

Applied For

Not Applicable

Zip

10036

Country

USA

Zip

10036

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine
Island Road

City Plantation

FL

Zip Code

33324

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DP
NAME	Benjamin G. Gifford
STREET ADDRESS	522 Fifth Ave.
CITY - ST - ZIP	New York, NY 10036
TITLE	DVPT
NAME	Michael G. Astarita
STREET ADDRESS	522 Fifth Ave.
CITY - ST - ZIP	New York, NY 10036
TITLE	SAT
NAME	Alfred W. Dort
STREET ADDRESS	522 Fifth Ave.
CITY - ST - ZIP	New York, NY 10036
TITLE	DVPAS
NAME	Anne S. Pfeiffer
STREET ADDRESS	522 Fifth Ave.
CITY - ST - ZIP	New York, NY 10036
TITLE	DVPAS
NAME	George L. Ochs
STREET ADDRESS	522 Fifth Ave.
CITY - ST - ZIP	New York, NY 10036
TITLE	DVPAS
NAME	S. Michael Giliberto, Jr.
STREET ADDRESS	522 Fifth Ave.
CITY - ST - ZIP	New York, NY 10036

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other filers employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)