

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004932

1. Entity Name

RECORDING FOR THE BLIND AND DYSLEXIC, INCORPORAT

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

02-02-2000 90005 039 ****61.25

Principal Place of Business

Mailing Address

20 ROSZEL RD
PRINCETON NJ 08540

20 ROSZEL RD
PRINCETON NJ 08540-6206

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

13-1659345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARTHY, CHRISTINE S
6704 SW 80TH ST
MIAMI FL 33143

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SCRIBNER, RICHARD O 20 ROSZEL RD PRINCETON NJ 08540	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAMBLE, VERNON A 20 ROSZEL RD PRINCETON NJ 08540	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHURCHILL, JOHN 20 ROSZEL RD PRINCETON NJ 08540	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MANING, DONNA 115 E 67TH STREET - APT 6C NEW YORK NY 10021	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WASSERMAN, BERT 126 EAST 56TH STREET - SUITE 12 NORTH NEW YORK NY 10022-3613	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUGHES, CHIP BLUE CAPITAL, 5 LYONS MALL, SUITE 700 BASKING RIDGE NJ 07920	☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vernon A. Bramble

1/10/2000

609-520-8010

Date

Daytime Phone #

CR2E037 (9/99)