

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000786

1. Entity Name

BROWARD RPF III REALTY CORP.

Principal Place of Business

Mailing Address

C/O GE INVESTMENTS  
3003 SUMMER STREET  
STAMFORD CT 06904

C/O GE INVESTMENTS  
3003 SUMMER STREET  
STAMFORD CT 06904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten Signature]*

FILED

01 MAY 22 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1445411

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GIGLIOTTI, ROBERT P  
C/O GE INVESTMENTS, 3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
STRONE, MICHAEL J  
C/O GE INVESTMENTS, 3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
HUGHES, ROBERT J  
3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
600004288476--1

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RIORDAN, PHILIP A  
3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SARGENT, PRESTON R  
3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BARRETT, B B  
2029 CENTURY PARK EAST SUITE 1230  
LOS ANGELES CA 90067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2001

Date

203.326.2300

Daytime Phone #

CR2E034 (10/00)



2052

ACCOUNT NO. : 072100000032

REFERENCE : 156817 8630A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 550.00

ORDER DATE : May 21, 2001

ORDER TIME : 1:25 PM

ORDER NO. : 156817-005

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gerpiii  
Ge Investment Co. (real Estate  
Registered Agent Department  
2711 Centreville Rd  
Wilmington, DE 19808

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY 22 PM 2:24  
NOT ATTACHED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: BROWARD RPF III REALTY CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandra Mathis - Ext. 1165

EXAMINER'S INITIALS: \_\_\_\_\_