

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002103

1. Entity Name

PROPCO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90386 007 ***150.00

Principal Place of Business

3950 RCA BLVD.
SUITE 5001
PALM BEACH GARDENS FL 33410

Mailing Address

3950 RCA BLVD.
SUITE 5001
PALM BEACH GARDENS FL 33410-4227

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

75-2619478

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
SUITE 105
PLANTATION FL 33324

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPS	TREADWELL, KENNETH A.	3950 RCA BLVD STE 5001	PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/>
DVP	GORANSSON, BARBARA	3950 RCA BLVD STE 5001	PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/>
V	HAMILTON, GEORGE	3950 RCA BLVD STE 5001	PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/>
TOFO	GREETHAM, DONALD	3950 RCA BLVD STE 5001	PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Ram Wertheim	113 King Street	Armonk, New York 10504	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/P	Edward Adler	4 Corporate Drive	Shelton, Connecticut 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/VP	David Huntley	4 Corporate Drive	Shelton, Connecticut 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Pauline M. Cullen	113 King Street	Armonk, New York 10504	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Antony S. Elkins	113 King Street	Armonk, New York 10504	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-776-5000

Daytime Phone #

CR2E034 (9/99)