2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002702 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name COOLEDGE CLARCONA REALTY CORP. 4-22-2000 90050 029 ***150.00 Principal Place of Business Mailing Address 455 Central Park Ave: 455 Central Park Ave. Scarsdale, NY 10583 Scarsdale, NY 10583 Attn: Ron Talarico 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-3949288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Scott W. Callahan, Esq. 37 North Orange Avenue: Street Address (P.O. Box Number is Not Acceptable) Suite 200 Orlando, FE 32802-3388 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President ☐ Delete Addition TITLE TITLE Change Howard Parnes NAME NAME 455 Central Park Ave. Scarsdale, NYY 10583 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Ted SAnnella NAME STREET ADDRESS STREET ADDRESS 455 Central Park Ave. CITY-ST-ZIP CITY-ST-ZIP Scarsdale, NY 10583 TITLE Delete TITLE Addition NAME Robert V. Tiburzi, Jr. NAME STREET ADDRESS STREET ADDRESS 455 Central Park AVe. CITY-ST-ZIP CITY-ST-ZIP Scarsdale, NY 10583 ☐ Delete TITLE X Change ☐ Addition TITLE Scott W. Callahan, Esq. NAME NAME STREET ADDRESS 37 North Orange Ave., Suite 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl 32802-3388 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

CORP

changed, or on an attach

SIGNATURE: