

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90783 019 \*\*\*150.00

0619665 AT

**DOCUMENT # F97000006574**

1. Entity Name

**CAPITAL ASSOCIATES OF NEW YORK, INC.**

Principal Place of Business

**NIXON PEABODY LLP  
 PO BOX 1051 - CLINTON SQUARE  
 ROCHESTER NY 14603**

Mailing Address

**C/O D. COLE, NIXON PEABODY LLP  
 PO BOX 31051 - CLINTON SQUARE  
 ROCHESTER NY 14603**

2. Principal Place of Business

Suite, Apt. #, etc.

**P.O. Box 31051, Clinton Sq.**

3. Mailing Address **C/O R. Bentley  
 Nixon Peabody LLP**

Suite, Apt. #, etc.

**P.O. Box 31051, Clinton Sq.**

City & State

City & State

**Rochester, NY**

Zip

Country

Zip

Country

**14603**

4. FEI Number

**16-1539737**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPAMERICA, INC.**

**416 S.E. 15 STREET**

**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

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

*Daniel E. Gill*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/13/02*

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, 2002 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

TITLE **PDC** ☐ Delete  
 NAME **GILL, DANIEL E**  
 STREET ADDRESS **350 AMBASSADOR DR.**  
 CITY-ST-ZIP **ROCHESTER NY 14610**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

*Daniel E. Gill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/02*

Date

*716-381-0052*

Daytime Phone #

CR2E034 (9/01)