

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90028 035 ***150.00

DOCUMENT # F98000001860

1. Entity Name

XANDO, INCORPORATED

Principal Place of Business

Mailing Address

860 CANAL STREET
 STAMFORD CT 06902

860 CANAL STREET
 STAMFORD CT 06902-6953

00016416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1393745**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

TERMINELLO & TERMINELLO
2700 SW 37TH AVE
MIAMI FL 33133

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

TITLE	PCC	<input type="checkbox"/> Delete
NAME	MARSH, NICHOLAS	
STREET ADDRESS	30 CHRISTOPHER ST APT 4C	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	COO	<input type="checkbox"/> Delete
NAME	KAUFMAN, DAVID	
STREET ADDRESS	270 PARK AVE S APT 8D	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	CCC	<input type="checkbox"/> Delete
NAME	STENZLER, ANDREW	
STREET ADDRESS	26 GRANRY PARK S APT 8A	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, CREED L	
STREET ADDRESS	16106 CHATEAU	
CITY-ST-ZIP	LAKEWAY TX 78734	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORK, JEFFREY M	
STREET ADDRESS	26 W OLD GULF RD	
CITY-ST-ZIP	GLADWYNE PA 19035	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVITAN, DAN	
STREET ADDRESS	1221 1ST AVE	
CITY-ST-ZIP	SEATTLE WA 98101	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	270 Park Avenue S Apt 17J
CITY-ST-ZIP	NY NY 10010
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Andrew Stenzler **REQUIRED** Andrew Stenzler

1/27/00

203 969 2269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #