

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002998

1. Entity Name

TGM HUNTERS WAY INC.

Principal Place of Business

% TGM ASSOCIATES L.P.  
650 FIFTH AVE.  
NEW YORK NY 10019

Mailing Address

% TGM ASSOCIATES L.P.  
650 FIFTH AVE.  
NEW YORK NY 10019-6108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to:  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PAS	<input type="checkbox"/> Delete
NAME	GOCHBERG, THOMAS	
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	<del>VAS</del>	<input type="checkbox"/> Delete
NAME	MACY, STEVEN C	
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	<del>VTS</del>	<input type="checkbox"/> Delete
NAME	MEICHELBECK, PAUL V	
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STEVES, ROBERT J	
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	RUTTER, BRIAN	
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROTHBLUM, JOYCE	
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL	
CITY-ST-ZIP	NEW YORK NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/6/00

(212) 830-9310

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90085 005 \*\*\*\*61.25

00005746



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3991376 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)