

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90254 039 ***150.00

DOCUMENT # F98000006715

1. Entity Name

INSIGNIA COMMERCIAL INVESTMENTS GROUP, INC.

Principal Place of Business

15 SOUTH MAIN STREET, SUITE 900
 GREENVILLE SC 29601

Mailing Address

15 SOUTH MAIN STREET, SUITE 900
 GREENVILLE SC 29601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **57-1027290**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	HOROWITZ, MICHAEL	
STREET ADDRESS	15 SOUTH MAIN STREET, SUITE 900	
CITY-ST-ZIP	GREENVILLE SC 29601	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDBERG, JEFFREY L	
STREET ADDRESS	15 SOUTH MAIN STREET, SUITE 900	
CITY-ST-ZIP	GREENVILLE SC 29601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, BARRY	
STREET ADDRESS	15 SOUTH MAIN STREET, SUITE 900	
CITY-ST-ZIP	GREENVILLE SC 29601	
TITLE	VT	<input type="checkbox"/> Delete
NAME	URETTA, RONALD	
STREET ADDRESS	15 SOUTH MAIN STREET, SUITE 900	
CITY-ST-ZIP	GREENVILLE SC 29601	
TITLE	V	<input type="checkbox"/> Delete
NAME	BALLEW, ALAN	
STREET ADDRESS	15 SOUTH MAIN STREET, SUITE 900	
CITY-ST-ZIP	GREENVILLE SC 29601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OWENS, YVONNE	
STREET ADDRESS	15 SOUTH MAIN STREET, SUITE 900	
CITY-ST-ZIP	GREENVILLE SC 29601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam B. Gilbert	
STREET ADDRESS	200 Park Avenue	
CITY-ST-ZIP	New York NY 10166	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen B. Siegel	
STREET ADDRESS	200 Park Avenue	
CITY-ST-ZIP	New York NY 10166	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, Barry	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Arrell	
STREET ADDRESS	15 South Main St., Suite 900	
CITY-ST-ZIP	Greenville SC 29601	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edgar Moore Jr.	
STREET ADDRESS	15 S. main street, Suite 900	
CITY-ST-ZIP	Greenville, SC 29601	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)