

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000181**

1. Entity Name

INTEROCEAN UGLAND MANAGEMENT CORPORATION**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90019 015 ***150.00

Principal Place of Business

221 LAUREL ROAD
ECHELON TWO PLAZA, SUITE 300
WOORHEES NJ 08043

Mailing Address

221 LAUREL ROAD
ECHELON TWO PLAZA, SUITE 300
WOORHEES NJ 08043-2330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2835366

Applied For

Not Applicable

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

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCMLLEN, ROBERT B**
STREET ADDRESS **1111 FAIRVIEW AVE., N**
CITY-ST-ZIP **SEATTLE WA 98109**TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **UGLAND, ANDREAS O**
STREET ADDRESS **UGLAND HOUSE GRAND CAYMAN**
CITY-ST-ZIP **GRAND CAYMAN ISLANDS, BWI**TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DEVP** ☐ Delete
NAME **AGUIRRE, JORGE**
STREET ADDRESS **221 LAUREL ROAD**
CITY-ST-ZIP **WOORHEES NJ 08043**TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BROWN, JAMES R**
STREET ADDRESS **221 LAUREL ROAD**
CITY-ST-ZIP **WOORHEES NJ 08043**TITLE **D/VP/T** ☒ Change ☐ Additor
NAME **Same**
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **LOCKWOOD, WH JR.**
STREET ADDRESS **221 LAUREL ROAD**
CITY-ST-ZIP **WOORHEES NJ 08043**TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **BIANCHINI, LYDIA A**
STREET ADDRESS **221 LAUREL ROAD**
CITY-ST-ZIP **WOORHEES NJ 08043**TITLE ☐ Change ☐ Additor
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 *Lydia A. Bianchini* **Lydia A. Bianchini**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00

Date

(856)770-5635

Daytime Phone #