

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90039 011 ***150.00

DOCUMENT # F99000003467

1. Entity Name

BASELINE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

OGDEN WHITE

% OGDEN WHITE

BOX 1669

PO BOX 1669

SOUND FL 33475

HOBE SOUND FL 33475-1669

2. Principal Place of Business

3. Mailing Address

TWO WORLD TRADE CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

78TH FLOOR

City & State

City & State

NEW YORK, N.Y.

Zip

Zip

10048

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3440587

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P PATTERSON, ROBERT G
 STREET ADDRESS **61 BROADWAY, SUITE 705**
 CITY-ST-ZIP **NEW YORK NY 10006**

TITLE NAME ☒ Change ☐ Addition
P PATTERSON ROBERT G
 STREET ADDRESS **TWO WORLD TRADE CENTER 98TH FLOOR**
 CITY-ST-ZIP **NEW YORK, N.Y. 10048**

TITLE NAME ☐ Delete
V LEVINE, ROBERT
 STREET ADDRESS **61 BROADWAY, SUITE 705**
 CITY-ST-ZIP **NEW YORK NY 10006**

TITLE NAME ☒ Change ☐ Addition
V LEVINE ROBERT
 STREET ADDRESS **TWO WORLD TRADE CENTER 78TH FLOOR**
 CITY-ST-ZIP **NEW YORK, N.Y. 10048**

TITLE NAME ☐ Delete
SD KARGULA, MICHAEL R
 STREET ADDRESS **1000 WINTER STREET, SUITE 4300**
 CITY-ST-ZIP **WALTHAM MA 02451**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
TD CURRAN, STEPHEN H
 STREET ADDRESS **1000 WINTER STREET, SUITE 4300**
 CITY-ST-ZIP **WALTHAM MA 02451**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
C KASPUTYS, JOSEPH E
 STREET ADDRESS **1000 WINTER STREET, SUITE 4300**
 CITY-ST-ZIP **WALTHAM MA 02451**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:

ROBERT M. LEVINE V.

2/4/00

212-815-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)