

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90184 029 ***150.00

DOCUMENT # F99000003815

1. Entity Name

FREEAGENT.COM, INC.

Principal Place of Business

39 WEST 13TH STREET
3RD FLOOR
NEW YORK NY 10011

Mailing Address

39 WEST 13TH STREET
3RD FLOOR
NEW YORK NY 10011

2. Principal Place of Business

100 EAST LINTON BLVD

3. Mailing Address

39 W. 13th Street

Suite, Apt. #, etc.

401 A

Suite, Apt. #, etc.

3rd Floor

City & State

Delray Beach, FL

City & State

New York NY

Zip

33483

Country

Zip

10011

Country

US

4. FEI Number

22-2747692

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	PC HOROWITZ, ARI B 733 THIRD AVENUE 17TH FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCCANN, RICHARD 733 THIRD AVENUE 17TH FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO, Director Ari B. Horowitz 39 W. 13th Street, 3rd FL New York, NY 10011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director Richard McCann 39 W. 13th Street, 3rd FL New York, NY 10011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & Secretary Jeanne Murphy 39 W. 13th Street, 3rd FL. New York NY 10011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Mammy Anne Walk 39 W. 13th Street, 3rd FL New York NY 10011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William Baker 100 East Linton Blvd., 401A Delray Beach FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karing Baker 100 East Linton Blvd., 401A Delray beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne Murphy, Secretary

1/31/01

Date

212-884-6492

Daytime Phone #

CR2E034 (10/00)

Attachment Sheet

#F990000003815

D0015772

Additional Officer of The Churchill Benefit Corporation
d/b/a FreeAgent.com

Title: Vice President
Name: Wendy Reveri
Address: 39 West 13th Street, 3rd Floor
New York, NY 10011
