

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000005269**

1. Entry Name

N.Y.H.C.O., INC.

Principal Place of Business

1950 MAIN STREET
SARASOTA FL 34236

Mailing Address

1950 MAIN STREET
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0975281

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSMAN, GARY M
40 NORTH OSPREY AVE., SUITE C
SARASOTA FL 34236

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 entry 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 \$350.00
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: ☐ Delete
 NAME: PCD
 STREET ADDRESS: FERRIGNO, AL
 CITY-ST-ZIP: 1950 MAIN STREET
SARASOTA FL 34236

TITLE: ☐ Delete
 NAME: VD
 STREET ADDRESS: D'ALESSANDRO, ALAN
 CITY-ST-ZIP: 1950 MAIN STREET
SARASOTA FL 34236

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

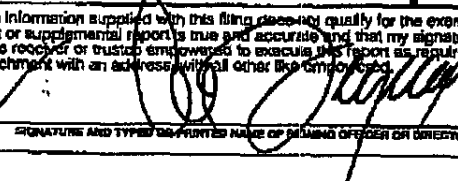
TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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)(f), 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 employees.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR

APR 24 2001

Date

Daytime Phone #

CH2ED34 (10/00)