

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90039 044 ***150.00

0441888

DOCUMENT # F99000005397

1. Entity Name

INDEPENDENCE PARK LAND INC.

Principal Place of Business

**270 PARK AVENUE, 35TH FLOOR
NEW YORK NY 10017**

Mailing Address

**270 PARK AVENUE, 35TH FLOOR
NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4080941

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	VECCHIO, LEONARD	
STREET ADDRESS	2 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10081	

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

TITLE	V	☐ Delete
NAME	ENDERS, EDWARD	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10081	

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

TITLE	S	☐ Delete
NAME	CARROLL, ROBERT C	
STREET ADDRESS	270 PARK AVENUE, 35TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	

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

TITLE	T	☐ Delete
NAME	GRIFFIN, JOAN T	
STREET ADDRESS	2 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10081	

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

TITLE	D	☐ Delete
NAME	CAMPBELL, RUSSELL	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10081	

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

TITLE		☐ Delete
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)(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 C. Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Carroll

4/5/2001

Date

(212)
270-3902

Daytime Phone #

CR2E034 (10/00)