

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00263

1. Entity Name

THE TOWNSEND WOODFORD GROUP, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90071 038 ***150.00

Principal Place of Business

Mailing Address

C/O CHARLES G. VISCONTI
STE 1612, 90 WEST STR
NEW YORK NY 10006
US

C/O CHARLES G. VISCONTI
STE 1612, 90 WEST STR
NEW YORK NY 10006-1039
US

000013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 1500, 90 WEST STR.

Suite, Apt. #, etc.

STE 1500, 90 WEST STR.

City & State

City & State

4. FEI Number

59-2397238

Applied For

Not Applied For

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

RAMPELL, PAUL
STE 202, 125 WORTH AVE
PALM BEACH FL 33480

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 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 ☐ Delete
NAME D
STREET ADDRESS RAMPELL, PAUL
CITY-ST-ZIP STE 202, 125 WORTH AVE
PALM BCH FL 33480

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

TITLE ☐ Delete
NAME PT
STREET ADDRESS VISCONTI, CHARLES G.
CITY-ST-ZIP STE 1612, 90 WEST STR
NEW YORK NY 10006

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS STE 1500, 90 WEST STR.
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS BITALVO, LOUISE
CITY-ST-ZIP 26 HIGHLAND ROAD
ROCKY POINT NY 11778

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS R.O. BOX 69B
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: BY: *Charles G. Visconti* CHARLES G. VISCONTI; P; JAN 6TH 2000; (212) 267-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #