

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90073 031 ***150.00

DOCUMENT # H02516

1. Entity Name

K B TOY OF FLORIDA, INC.

Principal Place of Business

**300 PHILLIPI ROAD
P.O. BOX 28512
COLUMBUS OH 43228-0512**

Mailing Address

**300 PHILLIPI ROAD
P.O. BOX 28512
COLUMBUS OH 43228-0512**

80044049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 West Street
Suite, Apt. #, etc.

3. Mailing Address

100 West Street
Suite, Apt. #, etc.

City & State

Pittsfield MA

City & State

Pittsfield MA

Zip

01201

Country

US

Zip

01201

Country

US

4. FEI Number

04-2846255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
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 **DCP** ☐ Delete
NAME **GLAZER, MICHAEL L**
STREET ADDRESS **300 PHILLIPI ROAD**
CITY-ST-ZIP **COLUMBUS OH 43228-0512**

TITLE **DV** ☒ Delete
NAME **POTTER, MICHAEL J**
STREET ADDRESS **300 PHILLIPI ROAD**
CITY-ST-ZIP **COLUMBUS OH 43228-0512**

TITLE **DVS** ☒ Delete
NAME **BELL, ALBERT J**
STREET ADDRESS **300 PHILLIPI ROAD**
CITY-ST-ZIP **COLUMBUS OH 43228-0512**

TITLE **VT** ☒ Delete
NAME **MCGRADY, JAMES A**
STREET ADDRESS **300 PHILLIPI ROAD**
CITY-ST-ZIP **COLUMBUS OH 43228-0512**

TITLE **VP** ☒ Delete
NAME **WATTS, MICHAEL L**
STREET ADDRESS **300 PHILLIPI RD.**
CITY-ST-ZIP **COLUMBUS OH 43228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Glazer, Michael L.**
STREET ADDRESS **100 West Street**
CITY-ST-ZIP **Pittsfield MA 01201**

TITLE **DVTS** ☐ Change ☒ Addition
NAME **Feldman, Robert J.**
STREET ADDRESS **100 West Street**
CITY-ST-ZIP **Pittsfield MA 01201**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 J. Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

4/27/01

Daytime Phone #

413-496-3000

CR2E034 (10/00)