

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90238 009 ***550.00

0137009 AB

DOCUMENT # H09533

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF JACKSONVILL

Principal Place of Business

**1830 ROUTE 130 NORTH
C/O TAX DEPT.
BURLINGOTN NJ 08016
US**

Mailing Address

**1830 ROUTE 130 NORTH
C/O TAX DEPT.
BURLINGOTN NJ 08016
US**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2434816

Applied For

Not Applicable

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

**OLIVER, DON
% BURLINGTON COAT FACTORY
12801 W. SUNRISE BLVD.
SUNRISE FL 33323**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	MILSTEIN, MONROE	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, ANDREW R	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MILSTEIN, HENRIETTA	
STREET ADDRESS	1830 RT 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LA PENTA, ROBERT	
STREET ADDRESS	1830 ROUTE 130 NORTH	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	TDVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, STEPHEN	
STREET ADDRESS	1830 ROUTE 130 N.	
CITY-ST-ZIP	BURLINGTON NJ 08016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/19/01 (609) 387-7800

CR2E034 (5/01)