2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # J33747 Mar 06, 2000 8:00 am **Secretary of State** ST. ANDREWS-NORTH, INC. 03-06-2000 90062 046 ***150.00 Principal Place of Business Mailing Address 6765 N WICKHAM RD 6765 N WICKHAM RD STE C 106 STE C 106 MELBOURNE FL 32940-2022 MELBOURNE FL 32940 3. Mailing Address 2. Principal Place of Business 60 Cuttermill Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 212 Applied For City & State 4. FEI Number City & State 13-3373865 GRÉAT NECK, NY Not Applicable Country \$8.75 Additional Ζìρ Country 11021 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDEN TRIANGLE MANAGEMENT CORP. **GOLDEN TRIANGLE REALTY INC** Street Address (P.O. Box Number is Not Acceptable) 6765 North Wickham Road 6765 NORTH WICKHAM ROAD SUITE #C-106 Suite C-106 **MELBOURNE FL 32940** Zip Code 32940 MELBOURNE 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. MANAGEMENT CORP. - Agen FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE GOLDING, HARRIET NAME NAME 6765 N WICKHAM RD STE C 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP Change ☐ Addition TITLE Director - President TITLE Delete LEVY, JERROLD, G. NAME NAME 60 CUTTER MILL ROAD - SUITE 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREAT NECK NY** CITY-ST-ZIP Delete KIK Change ☐ Addition TITLE TITLE Director -Treasurer JARDINE, JEFFREY P NAME NAME 60 CUTTER MILL ROAD - SUITE 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREAT NECK NY 12021** □ Change ☐ Addition Delete TITLE TITLE STANZIONE, BARBARA T NAME NAME 60 CUTTER MILL ROAD - SUITE 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREAT NECK NY 12021** CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE Director Secretary SCHLOSSBERG, MORTON J NAME 60 CUTTER MILL ROAD -SUITE 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREAT NECK NY 12021** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.