

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05089

1. Entity Name

IR PALM, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 012 ***150.00

Principal Place of Business

Mailing Address

NORTHSTAR PRESIDIO MGMT. CO., LLC
411 W PUTNAM AVENUE, SUITE 270
GREENWICH CT 06830
US

NORTHSTAR PRESIDIO MGMT. CO., LLC
411 WEST PUTNAM AVE. SUITE 270
GREENWICH CT 06830-6261
US

906539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Same, Apt. #, etc.

Same, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3478847

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROTHSCHILD, ALAN B
411 WEST PUTNAM AVE, SUITE 270
GREENWICH CT 06830

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Michael Ashner
Five Cambridge Ctr, 9th Fl.
Cambridge, MA 02142

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPC
SCHACHTER, LAWRENCE R
411 WEST PUTNAM AVE, SUITE 270
GREENWICH CT 06830

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Peter Braverman
Five Cambridge Ctr, 9th Fl.
Cambridge, MA 02142

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTS
PAGANELLI, J P
411 WEST PUTNAM AVE, SUITE 270
GREENWICH CT 06830

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT Treasurer/Secretary
Carolyn Tiffany
Five Cambridge Ctr, 9th Fl.
Cambridge, MA 02142

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HUMBER, CHARLES
411 WEST PUTNAM AVE, SUITE 270
GREENWICH CT 06830

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst Secretary
Allison Forrester
Five Cambridge Ctr, 9th Fl.
Cambridge, MA 02142

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 7 or Block 12 if changed, or on an attachment with an address with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary

Date

Daytime Phone #

CR2E034 (9/99)