

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68251

1. Entity Name

C. S. JACKSONVILLE WAREHOUSE CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90081 015 ***150.00

Principal Place of Business

Mailing Address

C/O THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

C/O THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301-2636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Levitt Properties

C/O Levitt Properties

Suite, Apt. #, etc.

Suite, Apt. #, etc.

402-412 Rt 23

402-412 Rt 23

City & State

City & State

Franklin NJ

Franklin NJ

Zip

Zip

07416

Country

07416

Country

4. FEI Number

22-2963509

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 HAYES ST
STE - 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 ☐ Delete
NAME S
STREET ADDRESS CHAIFETZ, MALCOLM
CITY-ST-ZIP 350 FIFTH AVENUE
NEW YORK NY

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS RUBEINSTEIN, ESTELLE
CITY-ST-ZIP 215 E. 68TH ST.
NEW YORK NY

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS LEVITT, MORTIMER
CITY-ST-ZIP 10 E 82ND STREET
NEW YORK NY

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS LEVITT, ANNEMARIE
CITY-ST-ZIP 10 E 82ND STREET
NY NY

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

TITLE ☐ Delete
NAME V
STREET ADDRESS EBERLY, K
CITY-ST-ZIP 402-412 ROUTE 23
FRANKLIN NJ 07416

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17 2000

Date

(973) 827-9144

Daytime Phone #

CR2E034 (9/99)