

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90013 043 ***150.00

DOCUMENT # K68251

1. Entity Name

C. S. JACKSONVILLE WAREHOUSE CORP.

Principal Place of Business

**C/O LEVITT PROPERTIES
 402-412 RT 23
 FRANKLIN NJ 07416**

Mailing Address

**C/O LEVITT PROPERTIES
 402-412 RT 23
 FRANKLIN NJ 07416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC
 1201 HAYES-ST
 STE - 105
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	S CHAIFETZ, MALCOLM 350 FIFTH AVENUE NEW YORK NY ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBEINSTEIN, ESTELLE 215 E. 68TH ST. NEW YORK NY ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVITT, MORTIMER 10 E 82ND STREET NEW YORK NY ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVITT, ANNEMARIE 10 E 82ND STREET NY NY ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EBERLY, K 402-412 ROUTE 23 FRANKLIN NJ 07416 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/24/02

(973) 823-1140

Date

Daytime Phone #

CR2E034 (9/01)