

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002611

1. Entity Name

PRESS REALTY HOLDINGS, LLC

APPROVED  
AND  
FILED

00 JUL 17 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PRESS COMMUNICATIONS, LLC  
1350 CAMPUS PARKWAY, SUITE 106  
WALL NJ 07753

Mailing Address

C/O PRESS COMMUNICATIONS, LLC  
1350 CAMPUS PARKWAY, SUITE 106  
WALL NJ 07753



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

59-3574379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASS, MARK D  
1750 BRIDGEWATER DRIVE  
HEATHROW FL 32746

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9000003335749--3  
-07/25/00--01086--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME COLANTONI, ALFRED D  
STREET ADDRESS C/O 1350 CAMPUS PARKWAY, SUITE 106  
CITY-ST-ZIP WALL NJ 07753

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

TITLE MGRM ☐ Delete  
NAME MORENA, RICHARD T  
STREET ADDRESS C/O 1350 CAMPUS PARKWAY, SUITE 106  
CITY-ST-ZIP WALL NJ 07753

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

TITLE MGRM ☐ Delete  
NAME LASS, E. DONALD  
STREET ADDRESS C/O 1350 CAMPUS PARKWAY, SUITE 106  
CITY-ST-ZIP WALL NJ 07753

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

TITLE MGRM ☐ Delete  
NAME PLANGERE, JULES L III  
STREET ADDRESS C/O 1350 CAMPUS PARKWAY, SUITE 106  
CITY-ST-ZIP WALL NJ 07753

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

TITLE MGRM ☐ Delete  
NAME MCALLAN, ROBERT  
STREET ADDRESS C/O 1350 CAMPUS PARKWAY, SUITE 106  
CITY-ST-ZIP WALL NJ 07753

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

TITLE MGRM ☐ Delete  
NAME LASS, MARK D  
STREET ADDRESS C/O 31 SKYLINE DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/10/00

Date

(732) 781-1119

Daytime Phone #

CR2E083 (5/00)