

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026975 AF

DOCUMENT # M00000002167

1. Entity Name  
SRK 50 - WILTON REVERSE COURSE ASSOCIATES LLC

APPROVED  
AND  
FILED

01 APR 24 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4053 MAPLE ROAD  
AMHERST NY 14226

Mailing Address  
4053 MAPLE ROAD  
AMHERST NY 14226



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 16-1551020

Applied For  
Not Applicable

Zip Country

Zip Country

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

HRAWG CORP.  
2000 GLADES ROAD - SUITE 400  
BOCA RATON FL 33431-8599

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

1000004163091--3  
-015/08/01--01120--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGRM  
NAME Arthur + Susan Gellman L'Chain Trust ☐ Change ☒ Addition  
STREET ADDRESS 4053 Maple Road  
CITY-ST-ZIP Amherst, NY 14226

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGRM  
NAME George I. Gellman Irrevocable Trust ☐ Change ☒ Addition  
STREET ADDRESS 4053 Maple Road  
CITY-ST-ZIP Amherst, NY 14226

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGRM  
NAME Clarke H. Narins Irrevocable Trust ☐ Change ☒ Addition  
STREET ADDRESS 4053 Maple Road  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: P. Jeffrey Birtch  
Vice President

4/10/01 (716)833-4986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)