

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90193 024 \*\*\*\*50.00

DOCUMENT # MD00000002167

1. Entity Name

SRK 50 - Wilton Reverse Course Associates LLC

**DO NOT WRITE IN THIS SPACE**

954978

2. Principal Place of Business

4053 Maple Road

Suite, Apt. #, etc.

3. Mailing Address

4053 Maple Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Amherst, NY

Zip

14226

Country

City & State

Amherst, NY

Zip

14226

Country

4. FEI Number

16-1551620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

UBAWB Corp.

Street Address (P.O. Box Number is Not Acceptable)

2000 Blades Road - Suite 400

City

Boca Raton

FL

Zip Code

33431-8599

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
NAME: Arthur & Susan Bellman Wchaim Trust  
STREET ADDRESS: 4053 Maple Road  
CITY - ST - ZIP: Amherst, NY 14226

TITLE: MGRM  
NAME: George I. Bellman Irrevocable Trust  
STREET ADDRESS: 4053 Maple Road  
CITY - ST - ZIP: Amherst, NY 14226

TITLE: MGRM  
NAME: Clarke H. Narins Irrevocable Trust  
STREET ADDRESS: 4053 Maple Road  
CITY - ST - ZIP: Amherst, NY 14226

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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:

*Steven J. Longo*

Steven J. Longo  
Vice President

4/24/02

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

Date

Daytime Phone #

CR2E083B (12/01)