

# 2002 UNIFORM BUSINESS REPORT (UBR)

0044087

DOCUMENT # M01000000216

1. Entity Name

STAR GAS LLC

Principal Place of Business

2187 ATLANTIC ST.  
STAMFORD CT 06902

Mailing Address

2187 ATLANTIC ST.  
STAMFORD CT 06902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*191.25 \*\*\*50.00

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: RICHARD G. JAMBURY, MANAGER

(203) 328-7300

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

Date

Daytime Phone #

CR2E083 (9/01)



STAR GAS, LLC  
2187 Atlantic Street  
Stamford CT 06902  
FEIN# 06-1538365

**LISTING OF MANAGER/OFFICERS**  
WITH RESIDENTIAL ADDRESSES  
Expiration of Terms: Perpetual

**MANAGER/OFFICERS**

**IRIK P. SEVIN**  
MGR / Chairman / CEO  
4 East 72nd St  
New York, NY 10021

**AUDREY L. SEVIN**  
MGR / Secretary  
850 Park Avenue  
New York, NY 10021

**JOSEPH P. CAVANAUGH**  
MGR / PRESIDENT  
418 Wynnewood Road  
Pelham Manor, NY 10803  
SSN: 263-50-7898  
Phone: 203-328-7300

**RICHARD E. AMBURY**  
MGR / VP OF FINANCE / TREASURER  
41 Orchard Hill Drive  
Fairfield, CT 06430  
SSN: 057-48-4562  
Phone: 203-255-6344

**MEMBERS/DIRECTORS**

**IRIK P. SEVIN**  
4 East 72nd St  
New York, NY 10021

**AUDREY L. SEVIN**  
850 Park Avenue  
New York, NY 10021

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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