

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 045 ***150.00

DOCUMENT # M24036

1. Entity Name
NEW YORK ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**29259 US 19
 CLEARWATER FL 33761**

**29259 US 19
 CLEARWATER FL 33761-2102**

2. Principal Place of Business

3. Mailing Address

29259 US HWY 19

29259 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number **59-2774098**

Applied For
 Not Applicable

Zip **33761** Country

Zip **33761** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYDEN, RICHARD D
 29259 US HWY. 19
 CLEARWATER FL 33761**

Name **Richard D. Hayden**
 Street Address (P.O. Box Number is Not Acceptable)
29259 US HWY 19 N

City **Clearwater** **FL** Zip Code **33761**

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 **Richard D Hayden** (Signature, typed or printed name of registered agent and title if applicable.)
 Signature: (NOTE: Registered Agent signature required when constituting)
 DATE **4-28-00**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, RICHARD D	NAME	
STREET ADDRESS	29259 US HWY. 19	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Richard D Hayden** (Signature, typed or printed name of signing officer or director)
 Signature: (NOTE: Registered Agent signature required when constituting)
 DATE **4-28-00**
 Daytime Phone # **787 4000**

CR2E034 (9/99)