

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M48134

1. Entity Name

BARTON INVESTMENT COMPANY

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90128 038 ***150.00

Principal Place of Business

Mailing Address

% BESSEMER TRUST CO., N.A.
630 FIFTH AVE
NEW YORK NY 10111

% BESSEMER TRUST CO., N.A.
630 FIFTH AVE
NEW YORK NY 10111-0100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2796879

Applied For

Not Applicable

Zip

Country

Zip

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

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 PD
NAME KIESEWETTER, JAYNE BARTON
STREET ADDRESS MEADOWBROOK #C-104 13254 POLO CLUB RD
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

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

TITLE VD
NAME GERSTEIN, HERBERT
STREET ADDRESS 111 E. SHORE RD
CITY-ST-ZIP MANHASSET NY ☐ Delete

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

TITLE STD
NAME POWER, AUSTIN J., JR.
STREET ADDRESS 630 5TH AVE. 38TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE VD
NAME CAMPANILE, ANGELO, D
STREET ADDRESS 630 5TH AVE 38TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE S
NAME LOVERDE, FRANK
STREET ADDRESS 630 5TH AVE 38TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE D
NAME BARTON, SHARI
STREET ADDRESS 2920 UPTON ST, NW
CITY-ST-ZIP WASHINGTON DC ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00

212-708-9165

CR2E034 (9/99)