

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M48134

1. Entity Name

BARTON INVESTMENT COMPANY

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90033 035 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

011307

2. Principal Place of Business

c/o Bessemer Trust Company

3. Mailing Address

c/o Bessemer Trust Company  
Attn: Angelo D. Campanile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 Woodbridge Center Drive

100 Woodbridge Center Drive

City & State

Woodbridge New Jersey

Zip

Zip

Country

07095

USA

Zip

07095

Country

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2796879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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, 2001 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

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE S/D ☒ Change ☐ Addition  
NAME Barton, Shari  
STREET ADDRESS 2920 Upton St, NW  
CITY-ST-ZIP Washington D.C.

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

Angelo D. Campanile, VP 2-1-01 732-694-5469

Date

Daytime Phone #

CR2E034 (10/00)