

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51119

1. Entity Name

TBM HOLDINGS INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90040 012 ***150.00

Principal Place of Business

Mailing Address

136 MAIN STREET
WESTPORT CT 06880
US

136 MAIN STREET
WESTPORT CT 06880-3304
US

B0020539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2824411

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 HAYS 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	D	<input checked="" type="checkbox"/> Delete
NAME	SEYMOUR, W ZISES	
STREET ADDRESS	477 MADISON AVE., 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	ANAND SHARMA	
STREET ADDRESS	4004 BEN FRANKLIN BLVD	
CITY-ST-ZIP	DURHAM, NC 27704	
TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	WILLIAM A. SCHWARTZ	
STREET ADDRESS	136 MAIN STREET	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	DIRECTOR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	DANIEL LEVINSON	
STREET ADDRESS	136 MAIN STREET	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	DIRECTOR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	AMY WEISMAN	
STREET ADDRESS	136 MAIN STREET	
CITY-ST-ZIP	WESTPORT, CT 06880	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	WILLIAM SAMPLE	
STREET ADDRESS	136 MAIN STREET	
CITY-ST-ZIP	WESTPORT, CT 06880	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINER BOSSERMAN	
STREET ADDRESS	ONE CHURCH STREET, SUITE 302	
CITY-ST-ZIP	ROCKVILLE, MD 20850	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL STONE	
STREET ADDRESS	580 CALIFORNIA STREET, SUITE 2000	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William A. Schwartz **WILLIAM A. SCHWARTZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

203-227-6140
Daytime Phone #