

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90043 048 \*\*\*150.00

**DOCUMENT # M92376**

1. Entity Name

**FLORIDA TOWING COMPANY**

Principal Place of Business

Mailing Address

% C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324  
 US

% C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324-4413  
 US

**B0023553**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0084612**

Applied For  
 Not Applicable

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 **DVPT** ☐ Delete  
 NAME **JEFFREY J. MCAULAY**  
 STREET ADDRESS **2 GREENWICH PLAZA**  
 CITY-ST-ZIP **GREENWICH CT**

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

TITLE **DP** ☒ Delete  
 NAME **MACLEOD, MALCOLM W.**  
 STREET ADDRESS **2 GREENWICH PLAZA**  
 CITY-ST-ZIP **GREENWICH CT**

TITLE **President** ☐ Change ☒ Add  
 NAME **Paul R. Tregurtha**  
 STREET ADDRESS **2 Greenwich Plaza**  
 CITY-ST-ZIP **Greenwich, CT 06830**

TITLE **SGC** ☐ Delete  
 NAME **MARCHISOTTO, ALAN**  
 STREET ADDRESS **2 GREENWICH PLAZA**  
 CITY-ST-ZIP **GREENWICH CT**

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

TITLE **D** ☐ Delete  
 NAME **MORAN, EDMOND J JR**  
 STREET ADDRESS **1615 THAMES STR, BLDG B**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE ☒ Change ☐ Add  
 NAME ☐ Change ☐ Add  
 STREET ADDRESS **2 Greenwich Plaza**  
 CITY-ST-ZIP **Greenwich, CT 06830**

TITLE ☐ Delete  
 NAME ☐ Change ☐ Add  
 STREET ADDRESS ☐ Change ☐ Add  
 CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Change ☐ Add  
 NAME ☐ Change ☐ Add  
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 CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Delete  
 NAME ☐ Change ☐ Add  
 STREET ADDRESS ☐ Change ☐ Add  
 CITY-ST-ZIP ☐ Change ☐ Add

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

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 1.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN MARCHISOTTO**

**2/14/00**

Date

**203 625-7846**

Daytime Phone #