

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000000042**

**1. Entity Name**  
PERRY SAWMILL, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DO AUG 10 AM 10:02

**Principal Place of Business**  
111 WEST 50TH STREET, 2ND FLOOR  
NEW YORK NY 10020

**Mailing Address**  
111 WEST 50TH STREET, 2ND FLOOR  
NEW YORK NY 10020



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

1374040460

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☐ Delete  
**NAME** BERGREEN, BERNARD D  
**STREET ADDRESS** 111 WEST 50TH STREET, 2ND FLOOR  
**CITY-ST-ZIP** NEW YORK NY 10020

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

**TITLE** MGR ☐ Delete  
**NAME** MOODY, NATALIE P  
**STREET ADDRESS** 111 WEST 50TH STREET, 2ND FLOOR  
**CITY-ST-ZIP** NEW YORK NY 10020

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 300003359293--9  
**CITY-ST-ZIP** -08/16/00--01048--006

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/9/00  
Date

904-548-1050  
Daytime Phone #