

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99979

1. Entity Name

GOLDEN TRIANGLE REALTY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90047 039 ***150.00

Principal Place of Business

Mailing Address

6765 N WICKHAM RD
STE C-106
MELBOURNE FL 32940
US

6765 N WICKHAM RD
C-106
MELBOURNE FL 32940-2022
US

2. Principal Place of Business

3. Mailing Address

60 Cuttermill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 212

City & State

City & State
GREAT NECK, NY

4. FEI Number 13-3483957

Applied For

Not Applicable

Zip

Country

Zip

Country

11021

USA

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

GOLDING, HARRIET
6765 NORTH WICKHAM ROAD
SUITE #C-106
MELBOURNE FL 32940

Name GOLDEN TRIANGLE MANAGEMENT CORP.

Street Address (P.O. Box Number is Not Acceptable)
6765 North Wickham Road

Suite C-106

City MELBOURNE

FL

Zip Code 32940

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 Golden Triangle Management Corp - Agent [Signature] 2/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if not 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 DP ☒ Delete
NAME GOLDING, HARRIET
STREET ADDRESS 6765 N WICKHAM RD
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE DVP ☐ Delete
NAME LEVY, JERROLD, G
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY

TITLE Director - President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JARDINE, JEFFREY P
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021

TITLE Director - Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SCHLOSSBERG, MORTON, J
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021

TITLE Director - Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME STANZIONE, BARBARA T
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2800

516-487-0440

CR2E034 (9/99)