

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047338

1. Entity Name
PALM COURT APARTMENT OWNERS, INC.

Principal Place of Business
280 PARK AVENUE
EAST BLDG.. 20TH FLOOR
NEW YORK NY 10017

Mailing Address
280 PARK AVENUE
EAST BLDG.. 20TH FLOOR
NEW YORK NY 10017

2. Principal Place of Business
1775 Broadway
Suite, Apt. #, etc.
23rd Floor
City & State
New York
Zip
10019
Country
USA

3. Mailing Address
3100 Monticello
Suite, Apt. #, etc.
Suite 200
City & State
Dallas TX
Zip
75205
Country
USA

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William S. Friedman		NAME		
STREET ADDRESS	1775 Broadway, 23rd Floor		STREET ADDRESS	800004711298--4	
CITY-ST-ZIP	New York, NY 10019		CITY-ST-ZIP	-12/06/01--01034--021	
TITLE	President	<input type="checkbox"/> Delete	TITLE	****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Rothenberg		NAME		
STREET ADDRESS	1775 Broadway, 123rd Floor		STREET ADDRESS		
CITY-ST-ZIP	New York, New York 10019		CITY-ST-ZIP		
TITLE	Exec. VP & Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn Mansfield		NAME		
STREET ADDRESS	3100 Monticello, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Dallas, TX 75205		CITY-ST-ZIP		
TITLE	Exec. VP & Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd C. Minor		NAME		
STREET ADDRESS	3100 Monticello, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Dallas, TX 75205		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Kathryn Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9-6-01 Daytime Phone # 214599 2200

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 16 PM 4:00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

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