

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

0435338

DOCUMENT # P00000082161

1. Entity Name

MCO MANAGEMENT COMPANY

05-22-2001 90013 041 ***550.00

Principal Place of Business

**321 S 2ND ST
 FT PIERCE FL 34950**

Mailing Address

~~**321 S 2ND ST
 FT PIERCE FL 34950**~~

2. Principal Place of Business

3. Mailing Address

c/o Morrow & Co.

Suite, Apt. #, etc.

Suite, Apt. #, etc. **47 HAFAYETTE PLACE
 445 PARK AVENUE APT. 1E**

City & State

City & State **NEW YORK, NY GREENWICH CT**

Zip

Country

Zip

Country

10022 06830

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

7. Name and Address of New Registered Agent

**BECHT, EDWARD W
 321 S 2ND ST
 FT PIERCE FL 34950**

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. ☐

**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 **D** ☐ Delete
 NAME **MORROW, JOSEPH J**
 STREET ADDRESS **445 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **JOSEPH J. MORROW** *Joseph J. Morrow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01
 Date

203-869-4185
 Daytime Phone #

CR2E034 (10/00)