

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01261

1. Entity Name

DIME FLORIDA CONSOLIDATION CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90052 017 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIAM P. MCCAUGHAN
80 SW 8TH ST. STE 2803
MIAMI FL 33130
US

C/O WILLIAM P. MCCAUGHAN
80 SW 8TH ST SUITE 2803
MIAMI FL 33130-3004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3222300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCAUGHAN, WILLIAM P.
80 SW 8TH ST. STE 2803
MIAMI FL 33130

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NCLERIO, JOHN
25 NEWBRIDGE ROAD, SUITE 320
HICKSVILLE NY 11801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NACLERIO, JOHN ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SUTPHEN, ROGER A.
231 EAST AVE., SUITE 200
ALBION NY 14411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LIEGEY, GREGORY D.
EAB PLAZA-EAST TOWER, 13TH FL
UNIONDALE NY 11556 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AV
HAPEMAN, TIMOTHY
231 EAST AVE., SUITE 200
ALBION NY 14411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
FLOOD, LINDA
EAB PLAZA-EAST TOWER, 10TH FL
UNIONDALE NY 11556 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HART, JACQUELYN A
EAB PLAZA-EAST TOWER 15TH FL.
UNIONDALE NY 11556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
EAB PLAZA-EAST TOWER 10TH FL.

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:

Linda Flood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

(516) 745-2918

Daytime Phone #

CR2E034 (9/99)