

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90126 009 ***150.00

0148383

DOCUMENT # P01261

1. Entity Name

DIME FLORIDA CONSOLIDATION CORP.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3222300

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

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, 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	<input type="checkbox"/> Delete
NAME	NACLERIO, JOHN	
STREET ADDRESS	25 NEWBRIDGE ROAD, SUITE 320	
CITY-ST-ZIP	HICKSVILLE NY 11801	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SUTPHEN, ROGER A.	
STREET ADDRESS	231 EAST AVE., SUITE 200	
CITY-ST-ZIP	ALBION NY 14411	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LIEGEY, GREGORY D.	
STREET ADDRESS	EAB PLAZA-EAST TOWER, 13TH FL	
CITY-ST-ZIP	UNIONDALE NY-11556	
TITLE	AV	<input type="checkbox"/> Delete
NAME	HAPEMAN, TIMOTHY	
STREET ADDRESS	231 EAST AVE., SUITE 200	
CITY-ST-ZIP	ALBION NY 14411	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FLOOD, LINDA	
STREET ADDRESS	EAB PLAZA-EAST TOWER, 10TH FL	
CITY-ST-ZIP	UNIONDALE NY 11556	
TITLE	S	<input type="checkbox"/> Delete
NAME	HART, JACQUELYN A	
STREET ADDRESS	EAB PLAZA-EAST TOWER 10TH FL.	
CITY-ST-ZIP	UNIONDALE NY 11556	

TITLE	D AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDAUER, CRAIG	
STREET ADDRESS	231 EAST AVENUE, SUITE 200	
CITY-ST-ZIP	ALBION, NY 14411	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWLING, JOHN	
STREET ADDRESS	1707-8 Veterans Mem'l Highway	
CITY-ST-ZIP	ISLANDIA, NY 11749	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIORDAN, JOHN	
STREET ADDRESS	1707-8 Veterans Mem'l Highway	
CITY-ST-ZIP	ISLANDIA, NY 11749	
TITLE	SENIOR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSSIP, ABRAHAM S.	
STREET ADDRESS	1707-8 Veterans Mem'l Highway	
CITY-ST-ZIP	ISLANDIA, NY 11749	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda Flood ASSISTANT SECRETARY 4-6-01 (516) 745-2918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)