

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90099 040 ***150.00

DOCUMENT # P13482

1. Entity Name

POUGHKEEPSIE SHOPPING CENTER, INC.

Principal Place of Business

Mailing Address

DEPOT SQUARE
TUCKAHOE NY 10707

8 DEPOT SQUARE
TUCKAHOE NY 10707-4035

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 13-1910857

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

MEHLICH, WILLIAM O.
THE CLARENDON, INC.
3407 S.OCEAN BLVD.,UNIT 6A
HIGHLAND BCH. FL 33487

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLICH, WILLIAM O.	NAME	
STREET ADDRESS	3407 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLICH, ROBERT W.	NAME	
STREET ADDRESS	208 MADISON RD.	STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLICH, ASTRID C.	NAME	
STREET ADDRESS	3407 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	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	
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(1), Florida Statutes, and that my signature shall have the same legal effect as if 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 changed, or on an attachment with an address, with all other like empowered.

I further certify that the information is true and accurate under oath; that I am an officer or director of the corporation and my name appears in Block 11 or Block 12 if

SIGNATURE:

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

Robert W. Mehlich, V.P (914) 793-5050

C .

Daytime Phone #

CR2E034 (9/99)