

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90865 013 ***158.75

DOCUMENT # P16926

1. Entity Name
METS PARTNERS, INC.

Principal Place of Business

**SHEA STADIUM
FLUSHING NY 11368**

Mailing Address

**SHEA STADIUM
FLUSHING NY 11368**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2843028

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **DOUBLEDAY, NELSON**
CITY-ST-ZIP **GOMEZ RD
HOBE SOUND FL 33455**

TITLE ☐ Change ☒ Addition
NAME **DAVID COHEN**
STREET ADDRESS **87 MAYWOOD AVE**
CITY-ST-ZIP **NEW ROCHELLE NY 10804**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WILPON, FRED**
CITY-ST-ZIP **111 GREAT NECK ROAD
GREAT NECK NY 11021**

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **O'SHAUGHNESSY, HAROLD W**
CITY-ST-ZIP **15 LITTLE BULL CT
CENTERPORT NY 11721**

TITLE ☒ Change ☐ Addition
NAME **BULL-CAMP LAKE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TEPPER, MARVIN B**
CITY-ST-ZIP **24 BARKER POINT ROAD
SANDS POINT NY 11050**

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

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **PHILLIPS, STEPHEN**
CITY-ST-ZIP **163 KELLOGG DRIVE
WILTON CT 06897**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KATZ, SAUL**
CITY-ST-ZIP **111 GREAT NECK ROAD
GREAT NECK NY 11021**

TITLE ☐ Change ☐ 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, without the authority of the powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

718-565-4338

CR2E034 (9/01)