

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17466

1. Entity Name

CONVENIENCE STORES PROPERTIES CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90209 006 ***150.00

Principal Place of Business

Mailing Address

C/O JAMES D PRICE
ONE PENN PL SUITE 5114
NEW YORK NY 10119
US

C/O D SKIFF COOPERS AND LYBRAND LLP
100 PEARL ST
HARTFORD CT 06103-4506
US

2. Principal Place of Business

3. Mailing Address

c/o D Skiff

Suite, Apt. #, etc.

Suite, Apt. #, etc.

850 Silas Deane Hwy

City & State

City & State

Wethersfield, CT 06109

Zip

Country

Zip

Country

4. FEI Number

52-1571733

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 PD ☐ Delete
NAME PRICE, JAMES D.
STREET ADDRESS 1 PENN PLZ STE 5114
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE VPSD ☐ Delete
NAME CALDECOTT, JOHN E.
STREET ADDRESS 1 PENN PLZ STE 5114
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE VPT ☐ Delete
NAME BUTLER, SCOTT E.
STREET ADDRESS 1 PENN PLZ STE 5114
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE D ☐ Delete
NAME BUTLER, SCOTT E.
STREET ADDRESS 1 PENN PLZ STE 5114
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE S ☐ Delete
NAME MCBRIDE, EILEEN M
STREET ADDRESS 1 PENN PLZ STE 5114
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)