

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90014 008 ***150.00

0619162 AT

DOCUMENT # P19090

1. Entity Name

BARRY, BETTE & LED DUKE, INC.

Principal Place of Business

**52 CORPORATE CIRCLE
ALBANY NY 12203
US**

Mailing Address

**P O BOX 12789
ALBANY NY 12212-2789
US**

2. Principal Place of Business

302 Washington Ave. Ext.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Albany, NY

City & State

Zip

12203

Country

USA

Zip

Country

4. FEI Number

16-1015031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLTON, FIELDS, WARD, EMMANUEL, SMITH & CUTLER
C/O GEORGE J. MEYER, ESQ.
ONE HARBOUR PL., 777 S. HARBOUR ISLAND BLVD
TAMPA FL 33602-5799**

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DUKE, DONALD R LED	
STREET ADDRESS	76 NORMANSKILL RD	
CITY-ST-ZIP	VOORHEESVILLE NY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BETTE, MICHAEL	
STREET ADDRESS	26 EAST RIDGE	
CITY-ST-ZIP	LOUDONVILLE NY 12211	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBERMAYER, STEPHEN	
STREET ADDRESS	504 VICTORY CIRCLE	
CITY-ST-ZIP	BALLSTON SPA NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLEASON, KEVIN	
STREET ADDRESS	P O BOX 14552	
CITY-ST-ZIP	ALBANY NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUMBIE, JAMES III	
STREET ADDRESS	5856 TALLOWOOD CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

(518) 452-8200

Daytime Phone #

CR2E034 (9/01)