

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90057 037 \*\*\*150.00

0608478

**DOCUMENT # P26036**

1. Entity Name  
**GOODNESS GARDENS INC.**

Principal Place of Business  
**JOURNEY'S END ROAD  
 CROTON-ON-HUDSON NY 10520**

Mailing Address  
**1250 JOURNEY'S END ROAD  
 CROTON-ON-HUDSON NY 10520  
 US**

2. Principal Place of Business  
**377 County Route 12**

3. Mailing Address  
**377 County Route 12**

Suite, Apt. #, etc.

City & State  
**New Hampton, NY**

City & State  
**New Hampton, NY**

Zip  
**10958**

Country  
**US**

4. FEI Number **13-3529257**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33156-0000**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENTHAL, EDWARD J.		NAME		
STREET ADDRESS	1300 JOURNEY'S END ROAD		STREET ADDRESS		
CITY-ST-ZIP	CROTON-ON-HUDSON NY		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY, BRIAN		NAME		
STREET ADDRESS	1290 JOURNEY'S END ROAD		STREET ADDRESS		
CITY-ST-ZIP	CROTON-ON-HUDSON NY		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENSHAW, DAVID		NAME		
STREET ADDRESS	1280 JOURNEY'S END ROAD		STREET ADDRESS		
CITY-ST-ZIP	CROTON ON HUDSON NY 10520		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIMMELSTEIN, LAURA		NAME		
STREET ADDRESS	1250 JOURNEY'S END ROAD		STREET ADDRESS		
CITY-ST-ZIP	CROTON-ON-HUDSON NY		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(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 an other like empowered.

**SIGNATURE:**  **3/28/01** **845-355-4757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)