

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90111 005 \*\*\*150.00

0572918

**DOCUMENT # P28293**

1. Entity Name

**DWS FLORIDA HOLDINGS, INC.**

Principal Place of Business

**24 RICHMOND HILL AVENUE  
 STAMFORD CT 06901  
 US**

Mailing Address

**ATT: CORP. TAX DEPT.  
 10 WESTPORT RD. P.O. BOX 810  
 WILTON CT 06897-0801**

2. Principal Place of Business

**10 Westport Rd.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Wilton, CT**

City & State

4. FEI Number

**13-3544105**

Applied For

Not Applicable

Zip

**06897**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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, 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUSSMAN, JEFFREY I.</b>	
STREET ADDRESS	<b>200 PARK AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10166</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BARIBEAU, ROLLAND</b>	
STREET ADDRESS	<b>24 RICHMOND HILL AVE</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06904</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GILMAN, JEFFREY R.</b>	
STREET ADDRESS	<b>10 WESTPORT RD.</b>	
CITY-ST-ZIP	<b>WILTON CT 06897-0810</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPARD, DAVID</b>	
STREET ADDRESS	<b>24 RICHMOND HILL AVE</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ARONOFF, CAROL R</b>	
STREET ADDRESS	<b>10 WESTPORT RD.</b>	
CITY-ST-ZIP	<b>WILTON CT 06897-0810</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>200 Park Ave.</b>	
CITY-ST-ZIP	<b>New York, NY 10166</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shepherd, David</b>	
STREET ADDRESS	<b>10 Westport Rd.</b>	
CITY-ST-ZIP	<b>Wilton, CT 06897</b>	
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:

*Hal Wolkin*

Hal Wolkin

4/23/01

(203) 761-8242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)