

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29968

1. Entity Name

CFD III INC.

T63

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90246 020 \*\*\*150.00

Principal Place of Business

Mailing Address

260 RIDGE RD.  
P O BOX 8109  
STAMFORD CT 06902-1839  
US

DEPT. 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-1600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1156014

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 ROAD  
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 VPT ☐ Delete  
NAME HYDE, JEFFREY L  
STREET ADDRESS 260 LONG RIDGE RD.  
CITY-ST-ZIP STAMFORD CT

TITLE ASST TREAS-TAXES ☐ Change ☒ Addition  
NAME Donna Flammetta  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD, CT 06927-9622

TITLE DVP ☐ Delete  
NAME FANELLI, THOMAS F  
STREET ADDRESS 44 OLD DANBURY RD  
CITY-ST-ZIP DANBURY CT 06813

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

TITLE AR ☐ Delete  
NAME AMATE, JOHN  
STREET ADDRESS 260 LONG RIDGE RD  
CITY-ST-ZIP STAMFORD CT 06927

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

TITLE PD ☐ Delete  
NAME NEAL, MICHAEL A.  
STREET ADDRESS 44 OLD RIDGEBURY ROAD  
CITY-ST-ZIP DANBURY CT 06813

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

TITLE TD ☐ Delete  
NAME SMITH, J GORDON  
STREET ADDRESS 44 OLD RIDGEBURY ROAD  
CITY-ST-ZIP DANBURY CT 06813

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

TITLE AT ☐ Delete  
NAME GARZA, OSCAR  
STREET ADDRESS 4211 METRO PARKWAY  
CITY-ST-ZIP FT. MYERS FL 33916

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)