

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29968

1. Entity Name  
CFD III INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91121 028 \*\*\*150.00

0573062

Principal Place of Business  
260 RIDGE RD.  
P O BOX 8109  
TAMFORD CT 06902-1839  
US

Mailing Address  
DEPT. 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-9621

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



DO NOT WRITE IN THIS SPACE

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  
C T CORPORATION SYSTEM  
1200 SOUTH 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 | NAME              | STREET ADDRESS        | CITY-ST-ZIP        | Delete                   |
|-------|-------------------|-----------------------|--------------------|--------------------------|
| VPT   | HYDE, JEFFREY L   | 260 LONG RIDGE RD.    | STAMFORD CT        | <input type="checkbox"/> |
| DVP   | FANELLI, THOMAS F | 44 OLD DANBURY RD     | DANBURY CT 06813   | <input type="checkbox"/> |
| AR    | AMATE, JOHN       | 260 LONG RIDGE RD     | STAMFORD CT 06927  | <input type="checkbox"/> |
| PD    | NEAL, MICHAEL A.  | 44 OLD RIDGEBURY ROAD | DANBURY CT 06813   | <input type="checkbox"/> |
| TD    | SMITH, J GORDON   | 44 OLD RIDGEBURY ROAD | DANBURY CT 06813   | <input type="checkbox"/> |
| AT    | GARZA, OSCAR      | 4211 METRO PARKWAY    | FT. MYERS FL 33916 | <input type="checkbox"/> |

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME              | STREET ADDRESS | CITY-ST-ZIP | Change                              | Addition                 |
|-------|-------------------|----------------|-------------|-------------------------------------|--------------------------|
|       |                   |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                   |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       | Asst Treas- Taxer | John Amato     |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                   |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                   |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                   |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |

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

JOHN AMATO

Date

Daytime Phone #

4-27-01 203-357-4544

CR2E034 (10/00)