

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37645

1. Entity Name

BULL & BEAR SECURITIES, INC.

FILED

Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90013 050 ***150.00

Principal Place of Business

Mailing Address

11 HANOVER SQUARE
NEW YORK NY 10005

11 HANOVER SQUARE
NEW YORK NY 10005-2819

2. Principal Place of Business

One Liberty Plaza

3. Mailing Address

One Liberty Plaza

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

New York, NY

City & State

New York, NY

Zip

10006

Country

USA

Zip

10006

Country

USA

4. FEI Number

13-3207082

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

MORESE, KEITH
395 E PALMETTO PARK RD
BOCA RATON FL 33432

Name Cary Meth

Street Address (P.O. Box Number is Not Acceptable)
395 E. Palmetto Park Road

City Boca Raton

FL

Zip Code
33432

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 NAME STREET ADDRESS CITY-ST-ZIP	OWN WINMILL, BASSETT S. 11 HANOVER SQUARE NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ANDERSON, ROBERT D. 11 HANOVER SQUARE NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINMILL, MARK C. 11 HANOVER SQUARE NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WINMILL, THOMAS B. 11 HANOVER SQUARE NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCA LEUNG, JOSEPH 11 HANOVER SQUARE NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MITCHELL, JAMES 11 HANOVER SQUARE NEW YORK NY	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bastian, Michael A One Liberty Plaza 5th floor NY NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Macdonald, Bruce D One Liberty Plaza NY NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Kape, Brian A One Liberty Plaza 5th Floor NY NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Happe, Mark J One Liberty Plaza 5th Floor NY NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S MacLean, Neil A One Liberty Plaza 5th Floor NY NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Hector Gomez One Liberty Plaza 5th Floor NY NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

NEIL MACLEAN
VIRE PRESIDENT & SECRETARY

MAR 15/00 212-428-6963

Daytime Phone #