

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90031 046 \*\*\*550.00

0105191 AT

**DOCUMENT # P39407**

1. Entity Name

**BRAISHFIELD ASSOCIATES, INC.**

Principal Place of Business

**1700 ROUTE 3 WEST  
 CLIFTON NJ 07013  
 US**

Mailing Address

**1700 ROUTE 3 WEST  
 CLIFTON NJ 07013  
 US**

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

**22-2455609**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HOAGLAND, MICHAEL  
 5950 HAZELTIME NATIONAL DR  
 SUITE 650  
 ORLANDO FL 32822**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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>MCCAHILL, JAMES J.</b>	
STREET ADDRESS	<b>1700 RT 3 WEST</b>	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COOK-KENNEDY, KATHLEEN</b>	
STREET ADDRESS	<b>1700 RT 3 WEST</b>	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROULETT, JOHN P.</b>	
STREET ADDRESS	<b>342 SCHUYLER AVE.</b>	
CITY-ST-ZIP	<b>KEARNY NJ</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KENNEDY, FRANCIS P.</b>	
STREET ADDRESS	<b>217 SQUAAN BEACH DR.</b>	
CITY-ST-ZIP	<b>MANTOLOKING NJ</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAEL HOAGLAND</b>	
STREET ADDRESS	<b>700 S. BABCOCK ST.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ED FALZARANO</b>	
STREET ADDRESS	<b>1700 ROUTE 3 WEST</b>	
CITY-ST-ZIP	<b>CLIFTON NJ 07013</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>5950 HAZELTIME NATIONAL DRIVE</b>	
STREET ADDRESS	<b>ORLANDO FL 32822</b>	
CITY-ST-ZIP		
TITLE		<input checked="" 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 reports 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

**ED FALZARANO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)