

2001 UNIFORM BUSINESS REPORT (UBR)

0572976

DOCUMENT # P41143

1. Entity Name

GREENTREE MANAGEMENT CORPORATION

FILED

01 APR 26 PM 2:17

Principal Place of Business

% MCMAHAN SECURITIES
181 HARBOR DRIVE
STAMFORD CT 06902-474
US

Mailing Address

% MCMAHAN SECURITIES
181 HARBOR DRIVE
STAMFORD CT 06902-474
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

10000 LINCOLN DRIVE WEST

Suite, Apt. #, etc.

SUITE 5

City & State

MARLTON NJ

Zip

08053

Country

USA

3. Mailing Address

10000 LINCOLN DRIVE WEST

Suite, Apt. #, etc.

SUITE 5

City & State

MARLTON NJ

Zip

08053

Country

USA

4. FEI Number

65-0355938

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMAHAN, D. BRUCE
11111 BISCAYNE BLVD., SUITE 1055
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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 CT CORPORATION SYSTEM

Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent signature required when reinstating)

4-19-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

1. FEE IS \$150.00

1. Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete

NAME MCMAHAN, D. BRUCE
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete

NAME MCMAHAN, D. BRUCE
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 500 W. PUTNAM AVE., THIRD FLOOR
CITY-ST-ZIP GREENWICH, CT 06830-6086

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 500 W. PUTNAM AVE., THIRD FLOOR
CITY-ST-ZIP GREENWICH, CT 06830-6086

TITLE ☒ Change ☐ Addition

NAME SENIOR VICE PRESIDENT
STREET ADDRESS JOHN A. MIRENDA
CITY-ST-ZIP P.O. BOX 511

TITLE ☒ Change ☐ Addition

NAME 300004137479-04
STREET ADDRESS -05/07/01 --01001--001
CITY-ST-ZIP *****308.75 *****158.75

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or the person who changed, or on an attachment with an address, with all other like empowered

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or the person who changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

JOHN A. MIRENDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 856-596-8858

Date

Daytime Phone #

CR2E034 (10/00)