2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032191

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF SAWGRASS, I

Principal Place of Business	Mailing Address
1830 ROUTE NORTH % TAX DEPARTMENT BURLINGTON NJ 08016 US	1830 ROUTE NORTH % TAX DEPARTMENT BURLINGTON NJ 08016 US

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DO NOT WRITE IN THIS SPACE

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 **65-0409764** | 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
OLIVER, DON C/O BURLINGTON COAT FACTORY 12801 W. SUNRISE BLVD. SUNRISE FL 33323	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 13, 2000 Min. 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 | **12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LA PENTA, ROBERT		NAME		
STREET ADDRESS	1830 ROUTE 130 NORTH		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ		CITY-ST-ZIP		
TITLE	DSVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, ANDREW		NAME		
STREET ADDRESS	1830 ROUTE 130		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ 08016		CITY-ST-ZIP		
TITLE	ASD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, HENRIETTA		NAME		
STREET ADDRESS	1830 ROUTE 130		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ		CITY-ST-ZIP		
TITLE	CEOD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, MONROE G.		NAME		
STREET ADDRESS	1830 ROUTE 130 N.		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ 08016		CITY-ST-ZIP		
TITLE	TDVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, STEPHEN		NAME		
STREET ADDRESS	1830 ROUTE 180 N.		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ 08016		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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: X SIGNATURE REQUIRED   9\8\00   609-387-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #