

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93060074788**

1. Entity Name
Bedminster Seacor Services Miami Corporation

Principal Place of Business Mailing Address

2. Principal Place of Business
One Gateway Center
Suite, Apt. #, etc.
25th Floor
City & State
Newark
Zip
07102
Country
USA

3. Mailing Address
One Gateway Center
Suite, Apt. #, etc.
25th Floor
City & State
Newark
Zip
07102
Country
USA

4. FEI Number
223263552
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation
1200 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 Connie Bryan **CONNIE BRYAN**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) 12/5/2000
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	P Dileo, Pasquale J 3000 Hadley Road South Plainfield NJ 07080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Marvin Roseman One Gateway Center, 25th Floor Newark, NJ 07102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Tuttle, Roger E 3000 Hadley Road South Plainfield NJ 07080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Richards Franks One Gateway Center, 25th Floor Newark, NJ 07102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Charles Carson One Gateway Center, 25th Floor Newark, NJ 07102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Peter Petrillo One Gateway Center, 25th Floor Newark, NJ 07102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Shea One Gateway Center, 25th Floor Newark, NJ 07102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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] **12-4-00 973-297-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

00 DEC -5 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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758.75 *** 758.75

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)