

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90058 027 \*\*\*150.00

**DOCUMENT # P93000082822**

1. Entity Name

**THE RICHMAN GROUP OF FLORIDA, INC.**

Principal Place of Business

**120 SOUTH OLIVE AVE  
SUITE 300  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**120 SOUTH OLIVE AVE  
SUITE 300  
WEST PALM BEACH FL 33401  
US**

**00028074**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**319 CLEMATIS ST.**

3. Mailing Address

**319 CLEMATIS ST.**

Suite, Apt. #, etc.

**SUITE 901**

Suite, Apt. #, etc.

**SUITE 901**

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

4. FEI Number

**58-2084268**

Applied For

Not Applicable

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, LEON J  
100 SE 2ND ST  
35TH FLOOR  
MIAMI FL 33131**

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 \$150.00  
After MAY 1, 2001 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

TITLE **VPS** ☐ Delete  
NAME **RICHMAN, RICHARD P**  
STREET ADDRESS **599 W. PULNAM AVE**  
CITY-ST-ZIP **GREENWICH CN**

TITLE **VP** ☐ Delete  
NAME **SALZMAN DAVID**  
STREET ADDRESS **599 W. PULNAM AVE**  
CITY-ST-ZIP **GREENWICH CT FL**

TITLE **VP** ☐ Delete  
NAME **MILLER, KRISTIN**  
STREET ADDRESS **120 S OLIVE AVE STE 300**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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 **599 W. Putnam Avenue**  
CITY-ST-ZIP **Greenwich CT 06830**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **599 W. Putnam Avenue**  
CITY-ST-ZIP **Greenwich CT 06830**

TITLE ☒ Change ☐ Addition  
NAME **319 Clematis St #901**  
STREET ADDRESS **West Palm Beach FL 33401**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT TREASURER**  
STREET ADDRESS **CHARLES L. KRAFNICK**  
CITY-ST-ZIP **599 W. PUTNAM AVE**  
**GREENWICH, CT 06830**

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 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 Charles L. Krafnick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/15/01** Daytime Phone # **203 861-4226**

**CHARLES L. KRAFNICK**

CR2E034 (10/00)