

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2001 90058 027 ***150.00

0281231

DOCUMENT # P93000082822

1. Entity Name
THE RICHMAN GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

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

00028074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

319 CLEMATIS ST.

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

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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

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

CHARLES L. KRAFNICK

CR2E034 (10/00)