

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/3/2003 90069-024 \$150.00-\$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 20 PM 2:10

DOCUMENT # P93000082822

1. Entity Name

THE RICHMAN GROUP OF FLORIDA, INC.



Principal Place of Business

319 CLEMATIS STREET
SUITE 901
WEST PALM BEACH FL 33401
US

Mailing Address

319 CLEMATIS STREET
SUITE 901
WEST PALM BEACH FL 33401
US

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

58-2084268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

CT-Corporation-System

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

1200 South 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. I am familiar with, and accept the obligations of registered agent.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> Delete
NAME	RICHMAN, RICHARD P	
STREET ADDRESS	5990 W PUTNAM AVENUE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALZMAN DAVID	
STREET ADDRESS	599 PUTNAM AVENUE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, KRISTIN	
STREET ADDRESS	319 CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KRAFICK, CHARLES L	
STREET ADDRESS	599 W PUTNAM AVENUE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	599 W Putnam Avenue	
CITY-ST-ZIP		
TITLE	Exec. VP and Assist. S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	599 W. Putnam Avenue	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODGE, GINA K	
STREET ADDRESS	599 W. Putnam Avenue	
CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDEKE, NEAL	
STREET ADDRESS	599 W. Putnam Avenue	
CITY-ST-ZIP	Greenwich, CT 06830	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)