

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039230

1. Entity Name

COPLEY FUND, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 030 ***150.00

Principal Place of Business

Mailing Address

245 SUNRISE AVE.
PALM BEACH FL 33480

%THOMAS C. HENRY
P.O. BOX 1138
ST. MICHAELS MD 21663-1138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HENRY, THOMAS C
245 SUNRISE AVE
PALM BEACH FL 33480

4. FEI Number

04-2635880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVINE, IRVING	
STREET ADDRESS	315 PLEASANT ST.	
CITY-ST-ZIP	FALL RIVER MA 02721	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, BURTON	
STREET ADDRESS	222 THIRD ST., #2325	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	D	<input type="checkbox"/> Delete
NAME	RESNICK, ALBERT	
STREET ADDRESS	5110 KESTRAL PKWY-S.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOBLAN, KEN	
STREET ADDRESS	1357 RODNEY FRENCH BL.	
CITY-ST-ZIP	NEW BEDFORD MA 02741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)