

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90041 002 ***550.00

DOCUMENT # P94000059600

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF TALLAHASSEE

Principal Place of Business

1830 ROUTE 130 NORTH
 C/O TAX DEPARTMENT
 BURLINGTON NJ 08016
 US

Mailing Address

1830 ROUTE 130 NORTH
 C/O TAX DEPARTMENT
 BURLINGTON NJ 08016
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OLIVER, DON
 % BURLINGTON COAT FACTORY
 12801 W. SUNRISE BLVD.
 SUNRISE FL 33323

4. FEI Number

59-3266589

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	MILSTEIN, MONROE G.	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, ANDREW	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ 08016	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MILSTEIN, HENRIETTA	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ 08016	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LA PENTA, ROBERT	
STREET ADDRESS	1830 ROUTE 130 N	
CITY-ST-ZIP	BURLINGTON NJ	
TITLE	TDVP	<input type="checkbox"/> Delete
NAME	MILSTEIN, STEPHEN	
STREET ADDRESS	1830 ROUTE 130 N.	
CITY-ST-ZIP	BURLINGTON NJ 08016	
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	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

609-387-7800

Daytime Phone #

CR2E034 (5/00)