

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059619

1. Entity Name

BURLINGTON COAT FACTORY WAREHOUSE OF REGENCY, IN

Principal Place of Business

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

Mailing Address

1830 ROUTE 130
C/O TAX DEPARTMENT
BURLINGTON NJ 08016
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

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

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
NAME MILSTEIN, MONROE G
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ ☐ Delete

TITLE SDVP
NAME MILSTEIN, ANDREW R
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ 08016 ☐ Delete

TITLE DTAS
NAME MILSTEIN, HENRIETTA
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ ☐ Delete

TITLE CFO
NAME LA PENTA, ROBERT
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ ☐ Delete

TITLE TDVP
NAME MILSTEIN, STEPHEN
STREET ADDRESS 1830 ROUTE 130 N
CITY-ST-ZIP BURLINGTON NJ 08016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

609-387-7800

Daytime Phone #

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

09-18-2000 90041 012 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3266591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)