

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086656

1. Entity Name

TAVERNEER GROUP, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90019 035 ***150.00

Principal Place of Business

Mailing Address

251 ROYAL PALM WAY
PALM BEACH FL 33480
US

C/O LAWRENCE RAFFERTY
550 MAMARONECK AVENUE, SUITE 209
HARRISON NY 10528-1617
US

2. Principal Place of Business

3. Mailing Address

1311 MAMARONECK AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

140

City & State

City & State

WHITE PLAINS, NY

Zip

Country

Zip

Country

10605

4. FEI Number

65-0536326

Applied For

Not Applicable

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

RICCA, JR., C. BROOKS
500 SOUTH AUSTRALIAN AVENUE
SUITE 800
W PALM BEACH FL 33401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	RAFFERTY, LAWRENCE	
STREET ADDRESS	550 MAMARONECK AVENUE, SUITE 209	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KENNEDY, PATRICIA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	<i>STEPHEN</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1311 MAMARONECK AVENUE #140	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN P. SPRAGUE	
STREET ADDRESS	1311 MAMARONECK AVENUE #140	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
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:

STEPHEN P. SPRAGUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN P. SPRAGUE

2/7/00

Date

Daytime Phone #

CR2E034 (9/99)