

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001914

1. Entity Name

I.T.O. CORPORATION OF FLORIDA

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90018 012 ***150.00

635989



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1007 NORTH AMERICA WAY
DODGE ISLAND
MIAMI FL 33132
US

ONE EVERTRUST PLAZA
10TH FLOOR
JERSEY CITY NJ 07302-3087
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0544469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FIELD, JAMES S
ONE EVERTRUST PLAZA
JERSEY CITY NJ 07302 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVTS
HATZICHRISTOS, GUS
ONE EVERTRUST PLAZA
JERSEY CITY NJ 07302 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVTS
WEST, NICHOLAS A.
ONE EVERTRUST PLAZA
JERSEY CITY, NJ 07302 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
HARPER, JOSEPH W
601 LOUISANNA AVENUE
NEW ORLEANS LA 70115 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORTON, CHRISTOPHER C
1007 N AMERICA WAY
MIAMI FL 33132 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
LACQUA, ROBERT A
ONE EVERTRUST PLAZA
JERSEY CITY NJ 07302 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLARKEN, JOSEPH A JR.
ONE EVERTRUST PLAZA
JERSEY CITY NJ 07302 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RUTER, HERMAN
ONE EVERTRUST PLAZA
JERSEY CITY, NJ 07302 ☐ 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:

SIGNATURE REON

Nicholas A. West 4/6/2000

201-915-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Vice President

Date

Daytime Phone #

CR05-034 (9/00)