

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000017680**

1. Entity Name

PLANTATION MGP CORP.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90104 004 ***150.00

029497



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL)
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL)
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019-3800

2. Principal Place of Business

c/o Norman G. Orodener
Tillinghast Licht Perkins

3. Mailing Address

c/o Norman G. Orodener
Tillinghast Licht Perkins

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 Weybosset Street**10 Weybosset Street**

City & State

City & State

Providence, RI**Providence, RI**

4. FEI Number

13-3840321

Applied For

Not Applicable

Zip

Country

Zip

Country

02903-2818**USA****02903-2818****USA**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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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 State10. 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 **D** ☒ Delete
NAME **ALTMAN, R**
STREET ADDRESS **C/O WAM 156 W 56 ST 12 FLOOR**
CITY-ST-ZIP **NEW YORK NY**TITLE **Director** ☒ Change ☐ Addition
NAME **Daniel Cohen**
STREET ADDRESS **One Kenney Drive**
CITY-ST-ZIP **Cranston, RI 02920**TITLE **DPT** ☒ Delete
NAME **ROBERT T. MICHAELSON**
STREET ADDRESS **C/O WAM 156 W 56 ST 12 FLOOR**
CITY-ST-ZIP **NEW YORK NY**TITLE **President** ☒ Change ☐ Addition
NAME **Daniel Cohen**
STREET ADDRESS **One Kenney Drive**
CITY-ST-ZIP **Cranston, RI 02920**TITLE **VS** ☒ Delete
NAME **MARTIN GANG**
STREET ADDRESS **C/O WAM 156 W 56 ST 12 FLOOR**
CITY-ST-ZIP **NEW YORK NY**TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Douglas Brown**
STREET ADDRESS **One Kenney Drive**
CITY-ST-ZIP **Cranston, RI 02920**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Secretary** ☐ Change ☒ Addition
NAME **Norman G. Orodener**
STREET ADDRESS **10 Weybosset Street**
CITY-ST-ZIP **Providence, RI 02903**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Director** ☐ Change ☒ Addition
NAME **Bernard Schretter**
STREET ADDRESS **115 Constitution Boulevard**
CITY-ST-ZIP **Franklin, MA 02038**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Director** ☐ Change ☒ Addition
NAME **Joel Poretsky**
STREET ADDRESS **405 Lexington Avenue**
CITY-ST-ZIP **New York, NY 10174**

3. 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

Norman G. Orodener

Secretary

3/16/00

Date

401-456-1200, ext. 333

Daytime Phone #

CR2E034 (9/99)