

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000017684**

1. Entity Name

PGA MGP CORP.**FILED****Feb 15, 2001 8:00 am
Secretary of State**

02-15-2001 90216 001 *1,350.00

Principal Place of Business

**C/O NORMAN G. ORODENKER TILLINGHAST
10 WEYBOSSET ST., 10TH FLOOR
PROVIDENCE RI 02903**

Mailing Address

**C/O NORMAN G. ORODENKER TILLINGHAST
10 WEYBOSSET ST., 10TH FLOOR
PROVIDENCE RI 02903****01040**

2. Principal Place of Business

C/o Norman G. Orodener, Esq.

3. Mailing Address

C/o Norman G. Orodener, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3840327**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131****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 \$150.00
After MAY 1, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	COHEN, DANIEL	ONE KENNEY DRIVE CRANSTON RI 02920	<input type="checkbox"/>
	P	COHEN, DANIEL	ONE KENNEY DRIVE CRANSTON RI 02920	<input type="checkbox"/>
	T	BROWN, DOUGLAS	ONE KENNEY DRIVE CRANSTON RI 02920	<input type="checkbox"/>
	S	ODENKER, NORMAN G	10 WEYBOSSET ST., 10TH FLOOR PROVIDENCE RI 02903	<input type="checkbox"/>
	D	SCHRETTER, BERNARD	115 CONSTITUTION BLVD. FRANKLIN MA 02038	<input type="checkbox"/>
	D	PORETSKY, JOEL	405 LEXINGTON AVENUE NEW YORK NY 10174	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Orodener, Norman G.

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 reports 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, Sec. 2/6/01

Date

401-456-1200

Daytime Phone #

CR2E034 (10/00)