

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022945

1. Entity Name

VINLAND HOLLY HOUSE, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90032 026 \*\*\*150.00

Principal Place of Business

Mailing Address

280 PARK AVENUE  
EAST BLDG. 20TH FLOOR  
NEW YORK NY 10017

280 PARK AVENUE  
EAST BLDG. 20TH FLOOR  
NEW YORK NY 10017-1216

906675

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3877056

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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	PD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, WILLIAM S	
STREET ADDRESS	280 PARK AVE, E BLDG, 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MINOR, TODD C	
STREET ADDRESS	3100 MONTICELLO STE 200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	SV	<input type="checkbox"/> Delete
NAME	MANSFIELD, KATHRYN	
STREET ADDRESS	3100 MONTICELLO STE 200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	DAVIS, ERIN	
STREET ADDRESS	3100 MONTICELLO STE 200	
CITY-ST-ZIP	DALLAS TX 75205	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rubenstein, Charles	
STREET ADDRESS	280 Park Ave, East Bldg., 20th FL	
CITY-ST-ZIP	New York, NY 10017	
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:

*Charles Rubenstein* Charles Rubenstein 1/26/00 212-949-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #