

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033396

1. Entity Name  
270 SOUTH COUNTY ROAD CORP.



**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90011 004 \*\*\*150.00

Principal Place of Business: 250 WORTH AVE, PALM BEACH FL 33480  
Mailing Address: 250 WORTH AVE, PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0671953** 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**

HANDELSMAN, BURTON  
250 WORTH AVE  
~~11380 PROSPERITY FARMS RD, SUITE 112~~  
PALM BEACH FL 33480

Name: **HANDELSMAN, BURTON**  
Street Address (P.O. Box Number is Not Acceptable): **250 WORTH AVE**  
City: **PALM BEACH** FL **33480**

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]* DATE: **8-7-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD HANDELSMAN, STEVE 18 HOTEL DR. WHITE PLAINS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOCKER, MARSHA 5 LOVE LANE HARRISON NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDELSMAN, BURTON 250 WORTH AVE PALM BCH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDLESMAN, LUCILLE 250 WORTH AVE PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDLESMAN, SANDY 3 LOVE LANE HARRISON NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** DATE: **8-7-00** DAYTIME PHONE #: **911-761-8880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)



Attachment  
017P96000033396  
DW78147  
Real Estate Services  
Phone (914) 761-8880  
Fax (914) 428-2145

## Love Management Corp.

P. O. Box 28, Gedney Station  
White Plains, N. Y. 10605  
lovemanagement@worldnet.att.net

August 7, 2000

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee FL 32302-1500

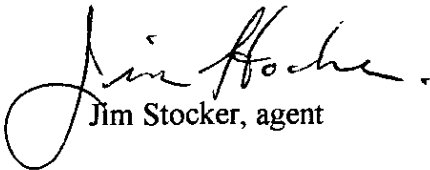
Re: 2000 Uniform Business Report

Gentlemen/Ladies:

Please be advised that we did not receive the first notice of the above report. The "second" notice recently arrived in our office. We are enclosing the amount due without penalty as recommended today by your representative in a telephone conversation.

Thank you for your attention to this matter.

Very truly yours

  
Jim Stocker, agent