

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90076 046 \*\*\*150.00

**DOCUMENT # P96000033648**

1. Entity Name

**HERON COVE NATIONAL, INC.**

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**

2. Principal Place of Business

3. Mailing Address

**1775 Broadway****3100 Monticello**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**23rd Floor****Suite 200**

City &amp; State

City &amp; State

**New York, NY****Dallas Tx**

Zip

Zip

**10019**

Country

Country

**USA****75205 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**13-3883843**

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>FREIDMAN, WILLIAM S</b>	<b>280 PARK AVENUE EAST BLDG. 20TH FLOOR</b>	<b>NEW YORK NY 10017-D</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>1775 Broadway, 23rd Floor</b>				
	<b>New York, NY</b>		<b>10019</b>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>VT</b>			
	<b>MINOR, TODD</b>	<b>3100 MONTICELLO, SUITE 200</b>	<b>DALLAS TX</b>	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>SV</b>			
	<b>MANSFIELD, KATHRYN</b>	<b>3100 MONTICELLO- STE 200</b>	<b>DALLAS TX 75205</b>	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>CFOV</b>			
	<b>DAVIS, ERIN</b>	<b>3100 MONTICELLO- STE 200</b>	<b>DALLAS TX 75205</b>	

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>P</b>				
	<b>Robert Rothenberg</b>	<b>1775 Broadway, 23rd Floor</b>	<b>New York NY</b>		
			<b>10019</b>		

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>EVP</b>				
	<b>Charles Rubenstein</b>	<b>1775 Broadway, 23rd Floor</b>	<b>New York NY</b>		
			<b>10019</b>		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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

**KATHRYN MANSFIELD 4-9-01 214-599-2200**

Date

Daytime Phone #

CR2E034 (10/00)