

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90288 050 ***158.75

0339404

DOCUMENT # P96000034496

1. Entity Name
SRBB, INC.

Principal Place of Business
**7431 COLLEGE PARKWAY
 FT. MYERS FL 33907-5548**

Mailing Address
**400 N. ASHLEY DRIVE
 SUITE 2300
 TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

145 EAST 32 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 500

City & State

City & State

NEW YORK, NEW YORK

Zip

Country

Zip

Country

10016

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRSTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE
 MIAMI FL 33101**

Name

SCHULMAN, RONCA & BUCUVALAS, INC.

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

7431 COLLEGE PARKWAY

City

FT. MYERS

FL

Zip Code

33907

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 of Michael J. Bucuvalas)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/01

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	D SCHULMAN, MARK A 145 E 32ND ST 5TH FLR NEW YORK NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONCA, ALBERT A 145 E 32ND ST, 5TH FLR NEW YORK NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCUVALAS, MICHAEL J 145 E 32ND ST, 5TH FLR NEW YORK NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, JOHN M 8403 COLESVILLE RD, STE 820 SILVER SPGS MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Michael J. Bucuvalas)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/01

212-779-7700

CR2E034 (10/00)