

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043695

1. Entity Name

CAPITAL ASSET HOLDINGS GP, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90386 037 \*\*\*150.00

Principal Place of Business

3950 RCA BLVD  
 SUITE 5001  
 PALM BEACH GARDENS FL 33410  
 US

Mailing Address

3950 RCA BLVD  
 SUITE 5001  
 PALM BEACH GARDENS FL 33410-4227  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0666657

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

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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 ☒ Delete  
 NAME ~~BUSHMAN, RANDELL~~  
 STREET ADDRESS ~~4111 E 37TH ST N~~  
 CITY-ST-ZIP ~~WICHITA KA 67220~~

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS Ram Wertheim  
 CITY-ST-ZIP 113 King Street  
 Armonk, New York 10504

TITLE ☒ Delete  
 NAME ~~DUNTON, GARY~~  
 STREET ADDRESS ~~413 KING ST~~  
 CITY-ST-ZIP ~~ARMONK NY 10504~~

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS James O'Keefe  
 CITY-ST-ZIP 113 King Street  
 Armonk, New York 10504

TITLE ☒ Delete  
 NAME ~~WEILL, RICHARD~~  
 STREET ADDRESS ~~413 KING ST~~  
 CITY-ST-ZIP ~~ARMONK NY 10504~~

TITLE ☐ Change ☒ Addition  
 NAME D/p  
 STREET ADDRESS Edward Adler  
 CITY-ST-ZIP 4 Corporate Drive  
 Shelton, Connecticut 06484

TITLE ☒ Delete  
 NAME ~~TREADWELL, KENNETH~~  
 STREET ADDRESS ~~3950 RCA BLVD, SUITE 5001~~  
 CITY-ST-ZIP ~~PALM BEACH GARDENS FL 33410~~

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS Antony S. Elkins  
 CITY-ST-ZIP 113 King Street  
 Armonk, New York 10504

TITLE ☒ Delete  
 NAME ~~TILLEY, CHRISTOPHER W~~  
 STREET ADDRESS ~~413 KING STREET~~  
 CITY-ST-ZIP ~~ARMONK NY 10504~~

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS Pauline M. Cullen  
 CITY-ST-ZIP 113 King Street  
 Armonk, New York 10504

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS Louis Lenzi  
 CITY-ST-ZIP 113 King Street  
 Armonk, New York 10504

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)