

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000068637**

1. Entity Name

WEST PORT ST. PETERSBURG, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90052 030 ***150.00

721840

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O SENTINEL REAL ESTATE CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103	Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103
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2. Principal Place of Business 1251 Avenue of the Americas Suite, Apt. #, etc. 36th Floor	3. Mailing Address 1251 Avenue of the Americas Suite, Apt. #, etc. 36th Floor
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City & State New York, NY 10020	City & State New York, NY 10020
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Zip 10020	Country USA	Zip 10020	Country USA
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4. FEI Number 59-3397355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324****7. Name and Address of New Registered Agent**

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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	STREICKER, JOHN H.	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C.	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINER, DAVID	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELLI, NOEL	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONGO, ELIZABETH	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNY, MICHAEL J	
STREET ADDRESS	666 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10103	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V
STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watters, Connell J.
STREET ADDRESS	1251 Avenue of the Americas
CITY-ST-ZIP	New York, NY 10020

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:

Ellen Baron

1/29/01

212-408-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Baron, Assistant Secretary

Date

Daytime Phone #

CR2E034 (10/00)

WEST PORT ST. PETERSBURG, INC.

#P96000068637

721840

Officers (continued):

V

Breslin, Anita
1251 Avenue of the Americas
New York, NY 10020

V

Scheffler, Larry
1251 Avenue of the Americas
New York, NY 10020

V

Michaelson, Joan
1251 Avenue of the Americas
New York, NY 10020

AS

Baron, Ellyn
1251 Avenue of the Americas
New York, NY 10020