

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004464

1. Entity Name

MORNINGSIDE NATIONAL, INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90076 047 \*\*\*150.00

Principal Place of Business

280 PARK AVENUE -EAST BLDG. -20TH FLOOR  
NEW YORK NY 10017

Mailing Address

280 PARK AVENUE -EAST BLDG. -20TH FLOOR  
NEW YORK NY 10017

2. Principal Place of Business

1775 Broadway

Suite, Apt. #, etc.  
23rd Floor

City & State  
New York NY

Zip  
10019

Country  
USA

3. Mailing Address

3100 Monticello

Suite, Apt. #, etc.  
Suite 200

City & State  
Dallas Tx

Zip  
75205

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3927956

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FRIEDMAN, WILLIAM S  
280 PARK AVENUE -EAST BLDG. -20TH FLOOR  
NEW YORK NY 10017 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FRIEDMAN, WILLIAM S  
280 PARK AVE, E BLDG-20TH FL  
NEW YORK NY 10017 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MINOR, TODD C  
3100 MONTICELLO, SUITE 200  
DALLAS TX 75205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SV  
MANSFIELD, KATHRYN  
3100 MONTICELLO- STE 20  
DALLAS TX 75205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFOV  
DAVIS, ERIN  
3100 MONTICELLO- STE 20  
DALLAS TX 75205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
RUBENSTEIN, CHARLES  
280 PARK AVE, EAST BLDG, 20 FL  
NEW YORK NY 10017 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1775 Broadway, 23rd Floor  
New York, NY 10019 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Robert Rothenberg  
1775 Broadway, 23rd Floor  
New York NY 10019 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPT  
SEVP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEVP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO EVP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
1775 Broadway, 23rd Floor  
New York, NY 10019 ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Kathryn Mansfield*  
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)