## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P97000009968 BED BATH & BEYOND OF JACKSONVILLE INC. 05-23-2000 90220 012 \*\*\*150.00 Principal Place of Business Mailing Address 650 LIBERTY AVE 650 LIBERTY AVE UNION NJ 07083 UNION NJ 07083-8107 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3520377 Not'Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTICE-HALL CORPORATION SISTEM THE THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET HAYS ST SUITE 105 TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contributión. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE EISENBERG, WARREN NAME NAME STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP **UNION NJ 07083** Addition ☐ Delete ☐ Change TITLE TITLE FEINSTEIN, LEONARD NAME STREET ADDRESS STREET ADDRESS 110 BI-COUNTY BLVD CITY-ST-ZIP CITY-ST-ZIP FARMINGDALE NY 11735 Addition VAS TITLE Change TITLE ☐ Delete TEMARES, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP **UNION NJ 07083** ☐ Addition TITLE Change TITLE ☐ Delete **CURWIN, RONALD** NAME NAME STREET ADDRESS STREET ADDRESS 650 LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP **UNION NJ 07083** ASSISTANT TREASURER Addition ☐ Change ☐ Delete TITLE EUGENE A. CASTAGNA NAME 650 LIBERTY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNION . N.J. 07083 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empo

4-27-00