

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90216 001 *1,350.00

61643



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000054991

1. Entity Name

SAVANNAH MGP CORP.

Principal Place of Business

**C/O NORMAN G ORODENKER
 10 WEYBOSSET ST. -10TH FLR
 PROVIDENCE RI 02903-2818**

Mailing Address

**C/O NORMAN G ORODENKER
 10 WEYBOSSET ST. -10TH FLR
 PROVIDENCE RI 02903-2818**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4009154**

Applied For

Not Applicable

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

**SAIA, CHRISTOPHER H
 200 SOUTH BISCAYNE BLVD SUITE 2500
 MIAMI FL 33131-2336**

Name **Axelrod, Alan D.**

Street Address (P.O. Box Number is Not Acceptable)
2500 First Union Financial Center

City **Miami**

FL

Zip Code
33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, DANIEL ONE KENNEY DR CRANSTON RI 02920 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COHEN, DANIEL ONE KENNEY DR CRANSTON RI 02920 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROWN, DOUGLAS ONE KENNEY DR CRANSTON RI 02920 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ORODENKER, NORMAN G 10 WEYBOSSET ST -10TH FLR PROVIDENCE RI 02903 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCRETTER, BERNARD 115 CONSTITUTION BLVD FRANKLIN MA 02038 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PORETSKY, JOEL 405 LEXINGTON AVE NEW YORK NY 10174 | <input type="checkbox"/> Delete |

| | |
|--|--|
| 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman G. Orodenker, Sec. 2/6/01 401-46-1200

Date

Daytime Phone #

CR2E034 (10/00)