

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90084 029 ***150.00

0572561 AT

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4009154

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

**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, 2002 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 **D**
STREET ADDRESS **COHEN, DANIEL**
CITY-ST-ZIP **ONE KENNEY DR
CRANSTON RI 02920**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **COHEN, DANIEL**
CITY-ST-ZIP **ONE KENNEY DR
CRANSTON RI 02920**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BROWN, DOUGLAS**
CITY-ST-ZIP **ONE KENNEY DR
CRANSTON RI 02920**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ORODENKER, NORMAN G**
CITY-ST-ZIP **10 WEYBOSSET ST -10TH FLR
PROVIDENCE RI 02903**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHRETTER, BERNHARD**
CITY-ST-ZIP **115 CONSTITUTION BLVD
FRANKLIN MA 02038**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PORETSKY, JOEL**
CITY-ST-ZIP **405 LEXINGTON AVE
NEW YORK NY 10174**

TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN G. ORODENKER

Date

Daytime Phone #

1/8/02 401-956-1200

CR2E034 (9/01)