

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90004 010 ***150.00

DOCUMENT # P97000063353

1. Entity Name
VINERIDGE LANDING, INC.

Principal Place of Business Mailing Address
26TH FLOOR **C/O SENTINEL REAL ESTATE CORPORATION**
666 FIFTH AVE **26TH FLOOR**
NEW YORK NY 10103 **NEW YORK NY 10103**
US **US**

00022041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
26th Floor
 City & State City & State
New York, NY
 Zip Country Zip Country
10103 USA

4. FEI Number **65-0769748** 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]*
 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, 2000 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	P <input type="checkbox"/> Delete
NAME	STREICKER, JOHN H
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10103
TITLE	VPD <input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	S <input type="checkbox"/> Delete
NAME	WERMAN, SUSAN T
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10103
TITLE	D <input type="checkbox"/> Delete
NAME	WEINBERGER, MICHAEL J
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10103
TITLE	D <input type="checkbox"/> Delete
NAME	WEINER, DAVID
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10103
TITLE	T <input type="checkbox"/> Delete
NAME	LONGO, ELIZABETH
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK NY 10103

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	10103
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Kenny, Michael J.
CITY-ST-ZIP	666 Fifth Avenue New York, NY 10103
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date **1/10/00** Daytime Phone # **(212) 408-2900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. Kenny, Secretary

CR2E034 (9/99)