

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063353

1. Entity Name

VINERIDGE LANDING, INC.

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

02-17-2000 90004 010 ***150.00

Principal Place of Business

Mailing Address

26TH FLOOR
666 FIFTH AVE
NEW YORK NY 10103
US

C/O SENTINEL REAL ESTATE CORPORATION
26TH FLOOR
NEW YORK NY 10103
US

00022041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

666 Fifth Avenue
Suite, Apt. #, etc.
26th Floor

City & State

City & State
New York, NY

4. FEI Number

65-0769748

Applied For

Not Applicable

Zip

Country

Zip
10103

Country

USA

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, 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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenny, Michael J.	
STREET ADDRESS	666 Fifth Avenue	
CITY-ST-ZIP	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Kenny, Secretary

Date

Daytime Phone #

1/10/00

(212) 408-2900

CR2E034 (9/99)