

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P97000074168

1. Entity Name

FOGHAT R & T INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 16 PM 4:28

Principal Place of Business Mailing Address
7300 West Pointe Ave 717 PO Box 283
Orlando, FL 32835 Bridgewater, Ct.
06752

2. Principal Place of Business 3. Mailing Address
18072 S.W. 22nd Street PO Box 283
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Miramar, FL Bridgewater, Ct.
Zip Country Zip Country
33029 USA 06752 USA

DO NOT WRITE IN THIS SPACE
05-11-00 90003 035 \$150.00
4. FEI Number Applied For
59-3493126 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
Name LUCY PEVERETT
Street Address (P.O. Box Number is Not Acceptable)
7300 West Pointe - Apt 717 18072 S W 22nd Street
Orlando, FL 32835
City Miramar FL Zip Code 33029

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.
Lucy Peverett
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 01-03-01
TE: Registered Agent signature required when restateing)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Peverett, David			NAME	Lucy Peverett		
STREET ADDRESS	7300 West Pointe-Apt 717			STREET ADDRESS	18072 SW 22nd Street		
CITY-ST-ZIP	Orlando, FL 32835	<input type="checkbox"/> Delete		CITY-ST-ZIP	Miramar, FL 33029		
TITLE	D - Earl, Roger	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Earl, Roger			NAME	Roger Earl		
STREET ADDRESS	7300 West Pointe - Apt 717			STREET ADDRESS	446 Shore Road		
CITY-ST-ZIP	Orlando, FL 32835	<input type="checkbox"/> Delete		CITY-ST-ZIP	East Setauket, NY 11733		
TITLE	D - Stevens, Anthony	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Stevens, Anthony			NAME	Anthony Stevens		
STREET ADDRESS	7300 West Pointe - Apt 717			STREET ADDRESS	200 Central Park South 14P		
CITY-ST-ZIP	Orlando, FL 32835	<input type="checkbox"/> Delete		CITY-ST-ZIP	New York, NY 10019		
TITLE	D - Price, Roderick	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Price, Roderick			NAME			
STREET ADDRESS	7300 West Pointe - Apt 717			STREET ADDRESS			
CITY-ST-ZIP	Orlando, FL 32835	<input type="checkbox"/> Delete		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Michael McConnell		
STREET ADDRESS				STREET ADDRESS	412 East 65th Street		
CITY-ST-ZIP				CITY-ST-ZIP	New York, NY 10022		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Roger Earl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 860/354-5694
Daytime Phone #

Foghat

**Post office box 283
Bridgewater, Connecticut 06752**

January 4, 2001

Sean Toner
Senior Section Administrator
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Foghat R & T Inc.
Ref. Number: P97000074168

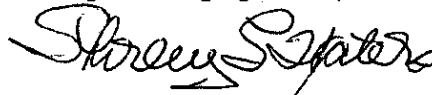
Dear Sir:

In accordance with your instructions of December 6, 2000,
Herein enclosed is an up-dated 2000 Uniform Business Report,
as well as a copy of the original revised report sent on
June 14, 2000.

We have also enclosed copies of all the related correspondence
originally submitted.

Thank you for your attention in taking care of this matter.

Very truly yours,



Shirley L. Waters
Foghat R & T Inc.

Enclosures