

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104837

1. Entity Name

GOLDEN TRIANGLE MANAGEMENT CORP.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90072 032 ***150.00

Principal Place of Business

6765 NORTH WICKHAM ROAD
SUITE #C-106
MELBOURNE FL 32940

Mailing Address

6765 NORTH WICKHAM ROAD
SUITE #C-106
MELBOURNE FL 32940-2022

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

69 Cuttermill Road

Suite, Apt. #, etc.

Suite 212

City & State

GREAT NECK, NY

Zip

11021

Country

USA

4. FEI Number

59-3481492

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

GOLDING, HARRIET

6765 NORTH WICKHAM ROAD
SUITE #C-106
MELBOURNE FL 32940

Name

GOLDEN TRIANGLE REALTY INC.

Street Address (P.O. Box Number is Not Acceptable)

6765 North Wickham Rd.

Suite C-106

City

MELBOURNE

FL

Zip Code

32940

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

GOLDEN TRIANGLE REALTY INC

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDING, HARRIET	
STREET ADDRESS	6765 NORTH WICKHAM ROAD, SUITE #C-106	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROUGH, RICHARD A JR.	
STREET ADDRESS	6765 NORTH WICKHAM ROAD, SUITE #C-106	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEVY, JERROLD G	
STREET ADDRESS	60 CUTTER MILL ROAD, SUITE 212	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLOSSBERG, MORTON J	
STREET ADDRESS	60 CUTTER MILL ROAD, SUITE 212	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARDINE, JEFFREY P	
STREET ADDRESS	60 CUTTER MILL ROAD, SUITE 212	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	STANZION, BARBARA T	
STREET ADDRESS	60 CUTTER MILL ROAD, SUITE 212	
CITY-ST-ZIP	GREAT NECK NY 11021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

(516) 487-0440

Daytime Phone #

CR2E034 (9/99)