

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010719

1. Entity Name

STONEBRIDGE DEVELOPMENT, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90098 015 ***150.00

Principal Place of Business

Mailing Address

%CUMMINGS & LOCKWOOD
11329 SW 1154 AVE
MIAMI FL 33196

%CUMMINGS & LOCKWOOD
6 HICKORY DR
STAMFORD CT 06902-7729



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Stonebridge Development
Suite, Apt. #, etc.
11329 SW 154th Ave.

Stonebridge Development
Suite, Apt. #, etc.
6 Hickory Drive

City & State
Miami, FL

City & State
Stamford, CT

4. FEI Number 59-3491727

Applied For

Not Applicable

Zip
33196

Country

Zip

06902

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

CLASP, INC.
3001 TAMiami TRAIL NORTH
NAPLES FL 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
SERENBETZ, STUART W
6 HICKORY DR
STAMFORD CT 06902 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FIELD, THOMAS R
11329 SW 154 AVE
MIAMI FL 33196 ☐ Delete

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

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

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: *Stuart W. Serenbetz* 1/7/00 (203) 602-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
secretary

CR2E034 (9/99)