

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90007 049 ***158.75

DOCUMENT # P98000019009

1. Entity Name
STERLING-WORTHINGTON, INC.

Principal Place of Business Mailing Address

209 PHIPPS PLAZA **209 PHIPPS PLAZA**
PALM BEACH FL 33480 **PALM BEACH FL 33480-4241**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00000044



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0832275** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSOY, DAVID
209 PHIPPS PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name **BRIAN D. KOSOY**
 Street Address (P.O. Box Number is Not Acceptable) **209 PHIPPS PLAZA**
 City **Palm Beach** FL Zip Code **33480**

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 **BRIAN D. KOSOY** 4-24-00
 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	DP	BRIAN (CORRECTION) <input type="checkbox"/> Delete
NAME		KOSOY, BRIAN D
STREET ADDRESS		209 PHIPPS PLAZA
CITY-ST-ZIP		PALM BEACH FL 33480
TITLE	VDS	<input checked="" type="checkbox"/> Delete
NAME		BEARLIEC, DENISE
STREET ADDRESS		209 PHIPPS PLAZA
CITY-ST-ZIP		PALM BEACH FL 33480
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME		JERMAN, RICHARD A
STREET ADDRESS		209 PHIPPS PLAZA
CITY-ST-ZIP		PALM BEACH FL 33480
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	Kosoy, BRIAN, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		209 PHIPPS PLAZA
STREET ADDRESS		PALM BEACH, FL 33480
CITY-ST-ZIP		
TITLE	VSD	Thomas Conkey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		209 PHIPPS PLAZA
STREET ADDRESS		Palm Beach, FL 33480
CITY-ST-ZIP		
TITLE	ID	Geli Marchessault <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		209 PHIPPS PLAZA
STREET ADDRESS		PALM BEACH, FL 33480
CITY-ST-ZIP		
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: **BRIAN D. KOSOY** 4-24-00 561-835-1818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)