

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90224 026 ***158.75

DOCUMENT # P98000021413

1. Entity Name
YULEE DEVELOPMENT COMPANY, INC.

Principal Place of Business
**305 WEST GRAND AVENUE
SUITE 100
MONTVALE NJ 07645
US**

Mailing Address
**50 N. LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202**

2. Principal Place of Business
200 Old Hook Rd

3. Mailing Address
200 Old Hook Rd

Suite, Apt. #, etc.

City & State
Harrington Park, NJ

City & State
Harrington Park, NJ

Zip
07640

Country
USA

Zip
07640

Country
USA

4. FEI Number
59-3518980

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HANSON, KARL B JR
50 N LAURA STREET SUITE 2800
JACKSONVILLE FL 32202**

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 _____ (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, 2002 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	DP FALLON, MICHAEL 305 WEST GRAND AVENUE, SUITE 100 MONTVALE NJ 07645 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Antoine Kuhn, President 200 Old Hook Rd Harrington Park, NJ 07640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOGUE, MEL 305 WEST GRAND AVENUE, SUITE 100 MONTVALE NJ 07645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, ROBERT A 305 WEST GRAND AVENUE, SUITE 100 MONTVALE NJ 07645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JOSEPH S 305 WEST GRAND AVENUE, SUITE 100 MONTVALE NJ 07645 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURINO, MARIA D 305 WEST GRAND AVENUE, SUITE 100 MONTVALE NJ 07645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IMPARATO, EDWARD J 305 WEST GRAND AVENUE, SUITE 100 MONTVALE NJ 07645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 Old Hook Rd Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  **A. KUHN.** **04.29.02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)