

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90006 041 ***550.00

DOCUMENT # P99000031310

1. Entity Name

J.S. KARLTON COMPANY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**BELL SOUTH TOWER
301 W BAT STREET STE 300
JACKSONVILLE FL 32202**

**475 STEAMBOAT ROAD
GREENWICH CT 06830**

2. Principal Place of Business

3. Mailing Address

15 VALLEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

GREENWICH CT

Zip

Country

06831

Country

4. FEI Number **06-1548078**

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

**RAX CO.
C/O MCGUIRE WOODS BATTLE & BOOTHE LLP
50 NORTH LAURA STREET SUITE 3300
JACKSONVILLE FL 32202**

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!
After MAY 1, 2001
Make Check Payable to Department of State**

FEE IS \$150.00

Fee will be \$550.00

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 ☐ Delete
NAME **D**
STREET ADDRESS **KARLTON, JOHN S**
CITY-ST-ZIP **75 HOLLY HILL LANE SUITE 300
GREENWICH CT 06830**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15 VALLEY DRIVE**
CITY-ST-ZIP **06831**

TITLE ☐ Delete
NAME **CFO**
STREET ADDRESS **SKEEN, JOHN G**
CITY-ST-ZIP **475 STEAMBOAT ROAD
GREENWICH CT 06830**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15 VALLEY DRIVE**
CITY-ST-ZIP **06831**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 no 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/01

203)629-5337

CR2E034 (10/00)