

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90052 045 ***150.00

DOCUMENT # P99000053017

1. Entity Name
COLLECTOR'S CATALOG, INC.

Principal Place of Business

**3142 CARLOS DR.
DUNEDIN FL 34698**

Mailing Address

**PO BOX 1631
DUNEDIN FL 34697
US**

2. Principal Place of Business

1632 BRANDYWINE WAY
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 812
Suite, Apt. #, etc.

City & State

DUNEDIN FL

City & State

NEW YORK, NY

Zip

34698

Country

US

Zip

10150

Country

USA

4. FEI Number

59-3589313

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

**DOLAN, MARGARET M
3142 CARLOS DR.
DUNEDIN FL 34698**

Name

ROBERTSON, JAMES T.

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

1632 BRANDYWINE WAY

City

DUNEDIN

FL

Zip Code

34698

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

JAMES T. ROBERTSON

TECHNICAL SPECIALIST 4/20/01

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, 2001 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	CP	<input type="checkbox"/> Delete
NAME	DOLAN, MARGARET M	
STREET ADDRESS	3142 CARLOS DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	RUPP, JAMES B JR	
STREET ADDRESS	3142 CARLOS DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
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		

TITLE	CV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, MARGARET M.	
STREET ADDRESS	420 E. 55th ST, # 8S	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPP, JAMES B. JR	
STREET ADDRESS	420 E. 55th ST, # 8S	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, JAMES	
STREET ADDRESS	1721 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. RUPP JR

Date

4/15/01

Daytime Phone #

212-644-874

CR2E034 (10/00)