

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90124 016 ***150.00

DOCUMENT # P99000064023

1. Entity Name

COOLIDGE-ANVIL REALTY CORP.

Principal Place of Business

Mailing Address

455 CENTRAL PARK AVENUE
SCARSDALE NY 10583

455 CENTRAL PARK AVENUE
SCARSDALE NY 10583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-4079868

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

STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVENUE., SUITE 200
ORLANDO FL 32801

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

City Plantation

FL

Zip Code 33324

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

Robin LaFeters

Robin LaFeters, Special Assistant Secretary

2/5/2001

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 ☐ Delete
NAME D
STREET ADDRESS PARNES, HOWARD L
CITY-ST-ZIP 455 CENTRAL PARK AVENUE
SCARSDALE NY 10583

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

TITLE ☐ Delete
NAME D
STREET ADDRESS STAHL, SHELDON
CITY-ST-ZIP 455 CENTRAL PARK AVE
SCARSDALE NY 10583

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SANNELLA, THEODORE
CITY-ST-ZIP 455 CENTRAL PARK AVE
SCARSDALE NY 10583

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 reports 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

2/8/01

Date

Daytime Phone #

CR2E034 (10/00)