

2000 UNIFORM BUSINESS REP (UBR)

3/20/00-90055-002-\$150.00-\$150.00

DOCUMENT # P99000066988

1. Entity Name

VASSAR REAL ESTATE, INC.

Principal Place of Business

23 AUDUBON COURT
SHORT HILLS NJ 07078

Mailing Address

23 AUDUBON COURT
SHORT HILLS NJ 07078-1812

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

EIN: 58-2480438

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR. ESQ
1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, JACK I	
STREET ADDRESS	23 AUDUBON COURT	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, ROBERT M	
STREET ADDRESS	23 AUDUBON COURT	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SILVERMAN, JACK I.	
STREET ADDRESS	23 AUDUBON COURT	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SILVERMAN, ROBERT M.	
STREET ADDRESS	23 AUDUBON COURT	
CITY-ST-ZIP	SHORT HILLS, NJ, 07078	
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

4/16/00

973 376 8927

4/21/00

973 376 8927

FILED

00 APR 24 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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