

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28617

1. Entity Name

CASSELBERRY CORP.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90245 037 \*\*\*150.00

Principal Place of Business

Mailing Address

260 LONG RIDGE ROAD  
STAMFORD CT 06927

DEPT. 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-1600

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 59-3059817

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ALFRED J. SCHIAVETTI  
STREET ADDRESS 499 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

TITLE ☐ Change ☒ Addition  
NAME Asst TREAS - Taxes  
STREET ADDRESS John Amato  
CITY-ST-ZIP 1777 Long Ridge Rd  
Stamford CT 06927

TITLE DP ☐ Delete  
NAME DENNIS SASSAMAN  
STREET ADDRESS 499 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

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

TITLE DVP ☐ Delete  
NAME ANDREW P. SIWULEC  
STREET ADDRESS 499 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

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

TITLE T ☐ Delete  
NAME JOHN M. SPERGER  
STREET ADDRESS 499 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

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

TITLE VAT ☐ Delete  
NAME RICHARD D. LEVY  
STREET ADDRESS 499 THORNALL ST.  
CITY-ST-ZIP EDISON NJ

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

TITLE V ☐ Delete  
NAME SCHERER, BRADLEY A  
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 110E  
CITY-ST-ZIP WEST PALM BEACH FL

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 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:

*JOHN AMATO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

203-357-4544

CR2E034 (3/99)