

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36587

1. Entity Name

PARK AT DORAL CORP.

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

05-23-2000 90245 034 \*\*\*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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0254285

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

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

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

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BRADLEY A. SCHERER  
CITY-ST-ZIP 1601 BELVEDERE RD, 110E  
W. PALM BCH. FL

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

TITLE ☐ Change ☒ Addition  
NAME Asst Treas-Tax  
STREET ADDRESS John Amato  
CITY-ST-ZIP 777 Long Ridge Rd  
Stamford CT 06927

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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*

JOHN AMATO

B-1-2000

203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)