

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90032 036 ***158.75

DOCUMENT # F97000004950

1. Entity Name
HAMPTON JITNEY, INC.

Principal Place of Business 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	Mailing Address 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **11-2330835** Applied For
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**DUEMLER, R. LEIGH
 3461 BONITA BAY BLVD, SUITE 105
 BONITA SPRINGS FL 34134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LYNCH, J. BRENT <input type="checkbox"/> Delete 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS LYNCH, JERED ANN <input type="checkbox"/> Delete 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAER, HENRY P <input type="checkbox"/> Delete 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, BRIAN <input checked="" type="checkbox"/> Delete 630 FIFTH AVE NEW YORK NY 10111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR LITTLE, JUDITH 630 FIFTH AVE NEW YORK, NY 10111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANKOFF, DAVID J <input type="checkbox"/> Delete 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOKE, BRIAN <input type="checkbox"/> Delete 395 COUNTY ROAD 39A, SUITE 6 SOUTHAMPTON NY 11968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Mankoff* **DAVID MANKOFF** **UP/FINANCE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1/9/2001** Daytime Phone #: **631-283-4600**

CFR2E034 (10/00)