

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90299 006 ***158.75

42933

DOCUMENT # P14940

1. Entity Name

GATES/ARROW DISTRIBUTING, INC.

Principal Place of Business

**39 PELHAM RIDGE DR.
 GREENVILLE SC 29615**

Mailing Address

**25 HUB DRIVE
 ATTN: TAX DEPT.
 MELVILLE NY 11747
 US**

532895



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 **11-2860574**

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

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION-SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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, 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 KAUFMAN, STEPHEN P**
 STREET ADDRESS **25 HUB DRIVE**
 CITY-ST-ZIP **MELVILLE NY**

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

TITLE ☐ Delete
 NAME **VSD KATELL, ROBERT E.**
 STREET ADDRESS **25 HUB DRIVE**
 CITY-ST-ZIP **MELVILLE NY 11747**

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

TITLE ☐ Delete
 NAME **C LAWRENCE R. KEM**
 STREET ADDRESS **25 HUB DR.**
 CITY-ST-ZIP **MELVILLE NY**

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

TITLE ☐ Delete
 NAME **P MICHAEL J. LONG**
 STREET ADDRESS **25 HUB DR.**
 CITY-ST-ZIP **MELVILLE NY**

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

TITLE ☐ Delete
 NAME **T BIRNS, IRA M**
 STREET ADDRESS **25 HUB DR.**
 CITY-ST-ZIP **MELVILLE NY 11747**

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

TITLE ☒ Delete
 NAME **V FERRI, VINCENT J.**
 STREET ADDRESS **25 HUB DRIVE**
 CITY-ST-ZIP **MELVILLE NY**

TITLE ☐ Change ☒ Addition
 NAME **Casale, Michael M.**
 STREET ADDRESS **25 Hub Drive**
 CITY-ST-ZIP **Melville, NY 11747**

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:

Michael M. Casale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

Daytime Phone #

CR2E034 (10/00)