

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0379638
AV

DOCUMENT # 303002

1. Entity Name
COLONIAL RIDGE LANCASTER INC

04-01-2002 90658 027 ***150.00

Principal Place of Business Mailing Address
5505 NORTH OCEAN BOULEVARD 5505 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-1316811 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
JOHN PORTER ACCOUNTING, INC Name
400 S FEDERAL HWY STE 405 Street Address (P.O. Box Number is Not Acceptable)
BOYNTON BEACH FL 33435 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 TAIBI, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5505 N OCEAN BLVD	NAME	
STREET ADDRESS	OCEAN RIDGE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TRENSCHEL, WALTER <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5505 N OCEAN BLVD	NAME	
STREET ADDRESS	BOYNTON BEACH FL 33435	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TS VALINE, MARGARET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5505 N OCEAN BLVD	NAME	
STREET ADDRESS	OCEAN RIDGE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P MCHAGGIE, PAT <input checked="" type="checkbox"/> Delete	TITLE	STEPHAN BACSALMAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5505 N OCEAN BLVD	NAME	5505 N OCEAN BLVD
STREET ADDRESS	OCEAN RIDGE FL 33435	STREET ADDRESS	Ocean Ridge, FL 33435
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D COSTELLO, PAUL <input type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5505 N OCEAN BLVD	NAME	
STREET ADDRESS	OCEAN RIDGE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Margaret Valine* 2/15/02 561-737-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)