

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90054 039 \*\*\*\*61.25

**DOCUMENT # 723348**

1. Entity Name

**FIRST WELLINGTON, INC.**

Principal Place of Business

Mailing Address

12791-A WEST FOREST HILL BLVD.  
 WELLINGTON FL 33414  
 US

GRS MANAGEMENT ASSOC INC  
 3900 WOODLAKE BLVD SUITE 201  
 LAKE WORTH FL 33463-3045  
 US

2. Principal Place of Business

3. Mailing Address

11576 Pierson  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. K 5  
 City & State

City & State

Wellington, Fl

4. FEI Number

59-1687222

Applied For

Not Applicable

Zip Country  
 33414 Palm Beach

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

BLEAU, DENISE J  
 400 SOUTH DIXIE HWY  
 SUITE 420  
 BOCA RATON FL 33432

Name: Edgar, chuck  
 Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd, Suite 1200  
West Palm Beach, FL 33401  
 City: FL Zip Code: FL

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANSETTA, TONY	
STREET ADDRESS	12059 SUNSET POINT COURT	
CITY-ST-ZIP	WELLINGTON FL 38414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSTRY, JERRY	
STREET ADDRESS	1400 SAILBOAT CIR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BITTAR, LINDA	
STREET ADDRESS	14367 BELMONT TR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICONCELLI JOSEPH	
STREET ADDRESS	<del>787 CEDAR COVE RD</del>	
CITY-ST-ZIP	WELLINGTON FL 38414	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SANDE, BRUCE	
STREET ADDRESS	1444 COLD SPRING CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SCHREIER, BERNICE	
STREET ADDRESS	1962 WISTERIA ST	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colin Baenziger	
STREET ADDRESS	12970 Dartford Tr #8	
CITY-ST-ZIP	Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		
NAME	Steve Delai	
STREET ADDRESS	13979 Ishnala Cir	
CITY-ST-ZIP	Wellington, FL. 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		
NAME	Alan Medoff	
STREET ADDRESS	13049 Meadowbreeze Dr	
CITY-ST-ZIP	Wellington, Fla 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Nelson	
STREET ADDRESS	14545 belmont terr	
CITY-ST-ZIP	Wellington, FL. 33414	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Nelson	
STREET ADDRESS	13650 Columbine	
CITY-ST-ZIP	Wellington, Fla 33414	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Biegler	
STREET ADDRESS	12701 Guilford Cir	
CITY-ST-ZIP	Wellington, FL. 33414	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE

*Joseph Piconcelli*

Date

Daytime Phone #

FILED 037 (9/8/00)