

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90078 005 ***150.00

DOCUMENT # K62108

1. Entity Name

COBB PARTNERS DEPOT CORPORATION

Principal Place of Business

2333 PONCE DE LEON
 PH-1100
 CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON
 PH-1100
 CORAL GABLES FL 33134-5427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0110239

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

WESTON, ANDREW R.
 2333 PONCE DE LEON
 PH-1100
 CORAL GABLES FL 33134

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TEMPLE, JOHN W		NAME:	
STREET ADDRESS: 2300 N.W. CORP. BLVD., SUITE 238		STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL 33431		CITY-ST-ZIP:	
NAME: COBB, SUE M.		NAME:	
STREET ADDRESS: 2333 PONCE DE LEON BLVD.		STREET ADDRESS:	
CITY-ST-ZIP: CORAL GABLES FL		CITY-ST-ZIP:	
NAME: WESTON, ANDREW R.		NAME:	
STREET ADDRESS: 2333 PONCE DE LEON BLVD PH-1100		STREET ADDRESS:	
CITY-ST-ZIP: CORAL GABLES FL		CITY-ST-ZIP:	
NAME: COBB, CHARLES E JR		NAME:	
STREET ADDRESS: 2333 PONCE DE LEON BLVD		STREET ADDRESS:	
CITY-ST-ZIP: CORAL GABLES FL		CITY-ST-ZIP:	
NAME: MORRISON, SCOTT R JR		NAME:	
STREET ADDRESS: 902 CLINT MOORE ROAD, BLDG. 4, #100		STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		CITY-ST-ZIP:	
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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrew R. Weston
 Andrew R. Weston
 3/21/00 705 441 1700

CR2E034 (9/99)