

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90046 013 ***150.00

DOCUMENT # P00000042251

1. Entity Name

NORTHSTAR CAPITAL MANAGEMENT, INC.



Principal Place of Business

**4400 PGA BOULEVARD
SUITE 600
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**4400 PGA BOULEVARD
SUITE 600
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1002630

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

**COOKE, BRIAN J ESQ.
C/O ARNSTEIN & LEHR
515 NORTH FLAGLER DR., STE. 600
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MERGLER, KENT**
STREET ADDRESS **3980 S.E. OLD ST. LUCIE BLVD.**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE **SVTD** ☐ Delete
NAME **JACOBSEN, ROBERT**
STREET ADDRESS **2858 TIMBERCREEK CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **VD** ☐ Delete
NAME **MERGLER, STEPHEN**
STREET ADDRESS **686 LAKEWOOD CIRCLE EAST**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **V** ☐ Delete
NAME **SHEA, MEG**
STREET ADDRESS **11518 LANDING PLACE #A-3**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5473 SE Inlet Place**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **SVD** ☐ Delete
NAME **VAN BEUREN, PETER**
STREET ADDRESS **17036 TRAVERSE CIRCLE**
CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE **V** ☒ Delete
NAME **MCCARTHY, EILEEN**
STREET ADDRESS **506 SW 2ND STREET**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

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 607, 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)