

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0357841 AV

04-08-2002 90241 032 \*\*\*150.00

**DOCUMENT # P99000109145**

1. Entity Name  
**FLA-CGI, INC.**

Principal Place of Business      Mailing Address

**GARDENS CORPORATE CENTER**      **GARDENS CORPORATE CENTER**  
**3801 PGA BOULEVARD., SUITE 555**      **3801 PGA BOULEVARD., SUITE 555**  
**WEST PALM BEACH FL 33401**      **WEST PALM BEACH FL 33401**



3801 PGA Boulevard      3801 PGA Boulevard  
 Suite 600      Suite 600  
 Palm Beach Gardens, FL 33410      Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0968169**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REGSERV CORP.**  
**GARDENS CORPORATE CENTER**  
**3801 PGA BOULEVARD., SUITE 555**  
**WEST PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

**REGSERV CORP.**  
**3801 PGA Boulevard**  
**Suite 600**  
**Palm Beach Gardens, FL 33410**

**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 \_\_\_\_\_

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP <sup>CEO</sup></b> <b>RENDINA, BRUCE A</b> <b>3801 PGA BOULEVARD, SUITE <del>555</del> 600</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRUCCI, MARK A</b> <b>1209 ORANGE STREET</b> <b>WILMINGTON DE 19801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>DISALVO, PATRICK J</b> <b>3801 PGA BOULEVARD., SUITE <del>555</del> 600</b> <b>WEST PALM BEACH FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>JURAN, LAWRENCE B</b> <b>3801 PGA BOULEVARD., SUITE <del>555</del> 600</b> <b>WEST PALM BEACH FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bruce A. Rendina D/P/CEO</b> <b>3801 PGA Boulevard, Suite 600</b> <b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patrick J. DiSalvo VP/S/T</b> <b>3801 PGA Boulevard, Suite 600</b> <b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lawrence B. Juran VP/AS</b> <b>3801 PGA Boulevard, Suite 600</b> <b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Patrick J. DiSalvo**      **2/20/02**      **561-630-5055**  
 Vice President      Date

CR2E034 (9/01)