2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109427 1. Entity Name					Feb 07, 2001 8:00 am Secretary of State		
CAL-GAT	T, INC.					0196 011 ***150	
Principal Place of Business Mailing Address 222 LAKEVIEW AVE17TH FLOOR WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340						(5.28 II	
WEST PALM BE	EACH FL 33401	WEST PALM BEACH FL 33401	l		րս օ	15340	
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address -				
Gardens (Corporate Center	Gardens Corporate Center			DO NOT WRITE IN THIS SPACE		
3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		4. F	65-0968156	<u> </u>	oplied For of Applicable
				5. (Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Doc		
REGSERV CORP. 222 LAKEVIEW AVE.,17TH FLOOR WEST PALM BEACH FL 33401			Garde 3801 Palm	SERV CORP. ens Corporate Center PGA Boulevard, Suite 555 Beach Gardens, FL 33410			
8. The above	named entity submits this statement for REGSERV CORP. By: Lawrence J. Diamend, Vice Pre			registered ag		DATE	
Tax filing requirement and elects to do so. After M			701 Eag will be 6550 50		10. Election Campaign Finar Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND I		12.	AD T D P	DITIONS/CHANGES TO OFFICE		S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENDINA, BRUCE A 222 LAKEVIEW AVE.,17TH FLOOR		NAME STREET ADDRESS	Bruce A. Rendina ME Gardens Corporate Center REET ADDRESS 3801 PGA Boulevard, Suite 555			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRUCCI, MARK A CT CORPORATION SYSTEM 120 WILMINGTON DE 19801	Delete ORANGE ST	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DISALVO, PATRICK J Delete NAM 222 LAKE VIEW AVE 17TH FLOOR STRE		NAME	Patrick J. DiSalvo Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empored or on an attachment with an address.	true and accurate and that my wered to execute this report as	signature shall h	ave the same I	legal effect as if made under oat	th; that I am an officer	or director

SIGNATURE:

Patrick J. DiSalvo SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE President