

2002 UNIFORM BUSINESS REPORT (UBR)

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

0358728 AV

DOCUMENT # **P99000109432**

1. Entity Name
TEX-SIERRA, INC.

04-08-2002 90240 019 ***150.00

Principal Place of Business
GARDENS COPP CTR
3801 PGA BLVD, SUITE 555
PALM BEACH GARDENS FL 33410

Mailing Address
GARDENS COPP CTR
3801 PGA BLVD, SUITE 555
PALM BEACH GARDENS FL 33410



3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0968160** 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

REGSERV CORP.
GARDENS CORP CTR
3801 PGA BLVD, SUITE 555
PALM BEACH GARDENS FL 33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RENDINA, BRUCE A |
| STREET ADDRESS | 3801 PGA BLVD, SUITE 600 |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | FERRUCCI, MARK A |
| STREET ADDRESS | CT CORPORATION SYSTEM 1209 ORANGE ST |
| CITY-ST-ZIP | WILMINGTON DE 19801 |
| TITLE | VPST <input type="checkbox"/> Delete |
| NAME | DISALVO, PATRICK J |
| STREET ADDRESS | 3801 PGA BLVD, SUITE 600 |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | JURAN, LAWRENCE B |
| STREET ADDRESS | 3801 PGA BLVD, SUITE 600 |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | Bruce A. Rendina D/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bruce A. Rendina D/P/CEO |
| STREET ADDRESS | 3801 PGA Boulevard, Suite 600 |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33410 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | Lawrence B. Juran VP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lawrence B. Juran VP/AS |
| STREET ADDRESS | 3801 PGA Boulevard, Suite 600 |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33410 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 all other like empowered.

SIGNATURE: **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo 2/20/02
 Vice President Date

561-630-5055

CR2E034 (9/01)