

FILED
Apr 02, 2008 8:00 am
Secretary of State

40030000



02132008 Chq-NP CR2E037 (12/06)

4. FEI Number 23-7148133	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

RAPPORT, KERRY
BESSEMER TRUST
801 BRICKELL AVE.
MIAMI, FL 33131

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI

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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STALEY, KATHLEEN A	
STREET ADDRESS	9733 STONECREST BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92123	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KAAS, STEVEN	
STREET ADDRESS	11711 N ISLAND ROAD	
CITY-ST-ZIP	COOPER CITY, FL 33026	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	SEIFERT, DOUGLAS D	
STREET ADDRESS	300 BEACH ROAD	
CITY-ST-ZIP	JUPITER, FL 33469	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, ROSA	
STREET ADDRESS	255 ALHAMBRA CIRCLE, #820	
CITY-ST-ZIP	MIAMI, FL 33134	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LONDON, R. KIRK	
STREET ADDRESS	255 ALHAMBRA CIRCLE # 820	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Nance Guilmartin		
STREET ADDRESS	58 Chata nooga Road		
CITY-ST-ZIP	Ipswich, MA 01938		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Date _____

305/442 - 1118

Daytime Phone # _____