

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90306 001 ***900.00

DOCUMENT # 312563

1. Entity Name

CORAL RIDGE PROPERTIES, INC.

Principal Place of Business

**3300 UNIVERSITY DR.
 BONITA SPRINGS FL 33065**

Mailing Address

**24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS FL 34134**

10092



2. Principal Place of Business

11575 Heron Bay Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

4. FEI Number

25-1184789

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIEN
 24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 **DP** ☐ Delete
 NAME **MOSCATO, ALBERT F JR**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **S** ☐ Delete
 NAME **HASTINGS, VIVIEN N**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **TD** ☐ Delete
 NAME **ADELMAN, STEVEN C**
 STREET ADDRESS **23401 WALDEN CENTER DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Signature of Vivien N. Hastings

1/23/02 (941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivien N. Hastings, Secretary

Date

Daytime Phone #

CR2E034 (9/01)