

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90015 027 \*\*\*158.75

**DOCUMENT #** 361830  
**1. Entity Name**  
 POINCIANA NEW TOWNSHIP, INC.

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
 201 Alhambra Circle PO BOX 026000  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 12th Fl  
 City & State City & State  
 Coral Gables, Fl Miami, FL

**Zip** **Country** **Zip** **Country**  
 33134 USA 33102 USA

**4. FEI Number** **Applied For**  
 59-1288187 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**  
 Name **Juanita I. Kerrigan**  
 Street Address (P.O. Box Number is Not Acceptable)  
 201 Alhambra Circle  
 12th Fl  
 City **Coral Gables, FL** **Zip Code** **33134**

**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.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME	McNairy, Charles L.	
STREET ADDRESS	STREET ADDRESS	201 Alhambra Circle 12th Fl	
CITY-ST-ZIP	CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE <input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME	Getman, Dennis J.	
STREET ADDRESS	STREET ADDRESS	201 Alhambra Circle 12th Fl	
CITY-ST-ZIP	CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE <input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME	Rama, Michael	
STREET ADDRESS	STREET ADDRESS	201 Alhambra Circle 12th Fl	
CITY-ST-ZIP	CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE <input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME	Kerrigan, Juanita I.	
STREET ADDRESS	STREET ADDRESS	201 Alhambra Circle 12th Fl	
CITY-ST-ZIP	CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE <input type="checkbox"/> Delete	TITLE	V R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME	Raymond, Warren	
STREET ADDRESS	STREET ADDRESS	201 Alhambra Circle 12th Fl	
CITY-ST-ZIP	CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	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:** Juanita I. Kerrigan, Secretary **4/20/00** **(305) 442-7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JUANITA I. KERRIGAN

CR2E034 (9/99)