

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90259 046 ***150.00

DOCUMENT # 397351

1. Entity Name
TRAFALGAR DEVELOPERS OF FLORIDA, INC.

Principal Place of Business

**8900 SW 107 AVE.
 #305
 MIAMI FL 33176
 US**

Mailing Address

**8900 SW 107 AVE.
 #305
 MIAMI FL 33176
 US**

2. Principal Place of Business

C/O GE Capital Real Estate

Suite, Apt. #, etc.
292 Long Ridge Road

City & State
Stamford, CT

Zip Country
06927 USA

3. Mailing Address

C/O GE Capital Real Estate

Suite, Apt. #, etc.
292 Long Ridge Road

City & State
Stamford, CT

Zip Country
06927 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1267189**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 **VPD** ☐ Delete
 NAME **COLICA, J.A.**
 STREET ADDRESS **260 LONG RIDGE ROAD**
 CITY-ST-ZIP **STAMFORD CT**

TITLE **VA** ☒ Delete
 NAME **ROZA, FRANK**
 STREET ADDRESS **8900 SW 107 AVE., #305**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PS** ☒ Delete
 NAME **NASMYTH, FERNANDO A.**
 STREET ADDRESS **8900 SW 107 AVE., #305**
 CITY-ST-ZIP **MIAMI FL 33176**

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 **DP** ☒ Change ☐ Addition
 NAME **Robert E. Pfeiffer**
 STREET ADDRESS **292 Long Ridge Road**
 CITY-ST-ZIP **Stamford, CT 06927**

TITLE **VPT** ☒ Change ☐ Addition
 NAME **Jayne Day**
 STREET ADDRESS **292 Long Ridge Road**
 CITY-ST-ZIP **Stamford, CT 06927**

TITLE **S** ☒ Change ☐ Addition
 NAME **William P. Moore**
 STREET ADDRESS **292 Long Ridge Road**
 CITY-ST-ZIP **Stamford, CT 06927**

TITLE **AS** ☐ Change ☒ Addition
 NAME **Marybeth Crone**
 STREET ADDRESS **292 Long Ridge Road**
 CITY-ST-ZIP **Stamford, CT 06927**

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

TITLE ☐ Change ☐ 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:

William P. Moore

William P. Moore

3/4/02

(203) 357-4203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)