2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 691649 Mar 27, 2000 8:00 am **Secretary of State** CORAL RIDGE REALTY SALES, INC. 03-27-2000 90027 001 *2,550.00 Principal Place of Business Mailing Address 24301 WALDEN CENTER DR 3300 UNIVERSITY DR BONITA SPRINGS FL 34134-4920 9TH FLOOR CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2103316 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS, VIVIEN Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DRIVE SUITE 300 **BONITA SPRINGS FL 34134** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CAS XX Delete TITLE TITLE NAME DISTEFANO, P L Vivien Hastings NAME STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DRIVE 24301 Walden Center Drive CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Bonita Springs, FL 34134 Change Addition ☐ Delete TITLE TITLE NAME MOSCATO, ALBERT F JR NAME STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME ADELMAN, STEVEN C NAME STREET ADDRESS 23401 WALDEN CENTER DR STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME HARRISON, THOMAS J. NAME STREET ADDRESS STREET ADDRESS 3300 UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

DIRECTOR

Vivien Hastings, Secretar

1/28/00

Date

941-947-2600

Daytime Phone #