

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90165 005 ****61.25

DOCUMENT # 711683

1. Entity Name

THE SOMERSET OF GULF STREAM, INC.

Principal Place of Business

Mailing Address

**2613 N OCEAN BLVD
 GULFSTREAM FL 33483**

**2613 N OCEAN BLVD
 GULFSTREAM FL 33483**

0 2 0 4 4 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1157002

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MELLO, DORIS P
 2613 N OCEAN BLVD
 GULFSTREAM FL 33483**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINTRELL, THOMAS	
STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, KATHARINE	
STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLEMENTS, PHILIP	
STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNOX, AMIE	
STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIEMER, LOUISE	
STREET ADDRESS	2613 N. OCEAN BLVD	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MELLO, DORIS P	
STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	

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

12. 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 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: *Doris P. Mello* **DORIS P MELLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 561-278-3724

Daytime Phone #

CR2E037 (9/01)