

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-13-2002 90034 048 ****61.25

DOCUMENT # 719277

1. Entity Name

CORINTHIAN GARDENS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 S.W. 11th PLACE

Suite, Apt. #, etc.

3. Mailing Address

501 S.W. 11th PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

4. FEI Number

59-1452317

Applied For

Not Applicable

Zip
33432

Country
U.S.A.

Zip
33432

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JOHN BUSHELL

Street Address (P.O. Box Number is Not Acceptable)

501 S.W. 11th PL. #118-C

City
BOCA RATON

FL

Zip Code
33432

**DO NOT WRITE
IN THIS SPACE**

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

JOHN BUSHELL, PRESIDENT

2-24-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHN BUSHELL
501 S.W. 11th PL. #118-C
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MARY BECKWITH
501 S.W. 11th PL. #409-B
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
INGRID HOFFMANN
501 S.W. 11th PL. #318-C
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANDRA GOODWIN
501 S.W. 11th PL. #413-B
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARION BARKER
501 S.W. 11th PL. #114-C
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEATHER PROCTOR
501 S.W. 11th PL. #106-A
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BUSHELL, PRESIDENT

Date

2/24/02

Daytime Phone #

561 395-0361

CR2E037B (12/01)