

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004161

1. Entity Name

BOCA RESORT GROUP MANAGEMENT, INC.

Principal Place of Business

501 EAST CAMINO REAL
BOCA RATON FL 33431

Mailing Address

501 EAST CAMINO REAL
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

P. O. Box 5025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Corporate Offices

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33431

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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, 2001 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: VD
NAME: PIERCE, WILLIAM
STREET ADDRESS: 501 EAST CAMINO REAL
CITY-ST-ZIP: BOCA RATON FL 33431 ☐ Delete

TITLE: P
NAME: ROCHON, RICHARD C
STREET ADDRESS: 450 EAST LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP: FORT LAUDERDALE FL 33301 ☐ Delete

TITLE: S
NAME: HANDLEY, RICHARD L
STREET ADDRESS: 450 EAST LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP: FORT LAUDERDALE FL 33301 ☐ Delete

TITLE: TDAU
NAME: RIA, STEVEN M
STREET ADDRESS: 501 EAST CAMINO REAL
CITY-ST-ZIP: BOCA RATON FL 33431 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE: T
NAME: DAURIA, STEVEN M.
STREET ADDRESS:
CITY-ST-ZIP: ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Dauria

4/26/01

Date

561-447-5300

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90088 019 ***150.00



DO NOT WRITE IN THIS SPACE

65-0933237

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0301371