

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

0370723 AV

**DOCUMENT # F01000004592**

**1. Entity Name**  
**BLUEGREEN RECEIVABLES FINANCE CORPORATION V**

02-18-2002 90178 022 \*\*\*150.00

**Principal Place of Business**      **Mailing Address**  
**4960 CONFERENCE WAY NORTH, SUITE 100**      **4960 CONFERENCE WAY NORTH, SUITE 100**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number** **06-1628682**      **Applied For**  
**Not Applicable**

**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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSD** ☐ Delete  
**NAME** **HERZ, ALLAN J**  
**STREET ADDRESS** **4960 CONFERENCE WAY NORTH, SUITE 100**  
**CITY-ST-ZIP** **BOCA RATON FL 33431**

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

**TITLE** **VTD** ☐ Delete  
**NAME** **CHISTE, JOHN F**  
**STREET ADDRESS** **4960 CONFERENCE WAY NORTH, SUITE 100**  
**CITY-ST-ZIP** **BOCA RATON FL 33431**

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

**TITLE** **VAS** ☒ Delete  
**NAME** **FERGUSON, DANNY**  
**STREET ADDRESS** **4960 CONFERENCE WAY NORTH, SUITE 100**  
**CITY-ST-ZIP** **BOCA RATON FL 33431**

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

**TITLE** **AS** ☐ Delete  
**NAME** **FUQUA, ANDREW M**  
**STREET ADDRESS** **53 STATE STREET**  
**CITY-ST-ZIP** **BOSTON MA 02109**

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

**TITLE** **D** ☐ Delete  
**NAME** **BURT, CHRISTOPHER T**  
**STREET ADDRESS** **114 WEST 47TH STREET, SUITE 1715**  
**CITY-ST-ZIP** **NEW YORK NY 10036**

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

**TITLE** ☐ Delete  
**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:** *Allan J Herz* **1/17/02** **561-912-8210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)