

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91161 039 \*\*\*150.00

DOCUMENT # F96000002464

1. Entity Name

Coolidge Valencia Realty Corp.

Principal Place of Business

Mailing Address

455 Central Park Ave.  
 Ste. 308  
 Scarsdale NY 10583

2250 Avenida Del Vera  
 N. Ft. Myers FL 33917

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

13-3889024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Callahan, W. Scott  
 37 North Orange Avenue, Ste. 200  
 Orlando, FL 32801

Name W Scott Callahan  
 Street Address (P.O. Box Number is Not Acceptable)  
37 N Orange Ave, Ste 200  
 City Orlando FL Zip Code 32801

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

9/23/02

9. Capital Contributions  
 as Shown on record

10. Amount of Capital Contributions  
 in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME Pres.  
 STREET ADDRESS Rosen, Michael  
 CITY-ST-ZIP 2250 Avenida Del Vera  
 N. Ft. Myers FL 33917

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME V.Pres  
 STREET ADDRESS Clark, David  
 CITY-ST-ZIP 2250 Avenida Del Vera  
 N. Ft. Myers FL 33917

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME V.Pres  
 STREET ADDRESS Cordello, Doug  
 CITY-ST-ZIP 2250 Avenida Del Vera  
 N. Ft. Myers FL 33917

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02 (941) 731-4538  
 Date Daytime Phone #

CR2F003 (9/02)