

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90416 006 \*\*\*150.00

**DOCUMENT # F97000001889**

1. Entity Name

**RITZ CONTINENTAL LIMITED CORP.**



Principal Place of Business

**10151 DEERWOOD PARK BLVD., BLDG. 100  
STE. 410  
JACKSONVILLE FL 32256**

Mailing Address

**10151 DEERWOOD PARK BLVD., BLDG. 100  
STE. 410  
JACKSONVILLE FL 32256**

2. Principal Place of Business

**9995 Gate Parkway**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Jacksonville, FL**

3. Mailing Address

**9995 Gate Parkway**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Jacksonville, FL**

Zip

**32246**

Country

**USA**

Zip

**32246**

Country

**USA**

4. FEI Number

**52-2032534**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C**

**10151 DEERWOOD PARK BLVD., BLDG. 100**

**STE. 410**

**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

**9995 Gate Parkway**

**Suite 400**

City

**Jacksonville**

**FL**

Zip Code

**32246**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **FIRST EXECUTIVE DIRECTORS, INC.**  
STREET ADDRESS **1401 BRICKELL AVE., STE. 850**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
NAME **FIRST COMPANY DIRECTORS, INC.**  
STREET ADDRESS **1401 BRICKELL AVE., STE. 850**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☐ Delete  
NAME **FRENKEL, LARISSA**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD., BLDG. 100, #410**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **ST** ☐ Delete  
NAME **FRENKEL, RAISSA**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD., BLDG. 100, #410**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9995 Gate Parkway, Ste 400**  
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9995 Gate Parkway, Ste 400**  
CITY-ST-ZIP **Jacksonville, FL 32246**

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

TITLE ☐ Change ☐ 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 607, 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:**

**SIGNATURE REQUIRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sect. 2/19/03 (904) 996-8800**

Date

Daytime Phone #

CR2E034 (10/02)