

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003707**

1. Entity Name

BRFC III DEED CORPORATION**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90007 027 ***150.00

Principal Place of Business

4960 BLUE LAKE DRIVE
BOCA RATON FL 33431

Mailing Address

4960 BLUE LAKE DRIVE
BOCA RATON FL 33431

2. Principal Place of Business

4960 Conference Way N

Suite, Apt. #, etc.

Ste 100

City & State

Boca Raton, FL

Zip

33431

Country

US

3. Mailing Address

4960 Conference Way N

Suite, Apt. #, etc.

Ste 100

City & State

Boca Raton, FL

Zip

33431

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1519754

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

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 State10. 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	DVT	<input type="checkbox"/> Delete
NAME	CHISTE, JOHN F	
STREET ADDRESS	4960 BLUE LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	HERZ, ALLEN J	
STREET ADDRESS	4960 BLUE LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PS	<input type="checkbox"/> Delete
NAME	RONDEAU, PATRICK E	
STREET ADDRESS	4960 BLUE LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONFORTI, GERARD	
STREET ADDRESS	9250 ALTERNATE A1A, STE J	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chiste, John F	
STREET ADDRESS	4960 Conference Way N, Ste 100	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herz, Allan J.	
STREET ADDRESS	4960 Conference Way N, Ste 100	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rondeau, Patrick E.	
STREET ADDRESS	4960 Conference Way N, Ste 100	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick E. Rondeau, President

Date

Daytime Phone #

1/09/01 561-912-8005

CR2E034 (10/00)