

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90184 045 \*\*\*150.00

**DOCUMENT # J73403**

1. Entity Name

LF ROSSIGNOL COMMERICAL DEVELOPMENT CORPORATION

II

Principal Place of Business

509 ANASTASIA BLVD.  
 ST. AUGUSTINE FL 32084  
 US

Mailing Address

P.O. BOX 3487  
 ST. AUGUSTINE FL 32085  
 US

2. Principal Place of Business

3. Mailing Address

509 Anastasia Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, FL

Zip

Country

Zip

Country

32080

32080

US

4. FEI Number

59-2824954

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

ROSSIGNOL, L.F. III  
 509 ANASTASIA BLVD.  
 ST. AUGUSTINE-FL 32084

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 PD  
 NAME ROSSIGNOL, LF III  
 STREET ADDRESS 509 ANASTASIA BLVD  
 CITY-ST-ZIP SST AUGUSTINE FL

☐ Delete

TITLE V  
 NAME HAHANEMANN, ROBERT  
 STREET ADDRESS 509 ANASTASIA BLVD  
 CITY-ST-ZIP ST AUGUSTINE FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-02 904 824-9912

CR2E034 (9/01)