

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90019 046 ***150.00

DOCUMENT # K58678
 1. Entity Name
COBBLESTONE DEVELOPMENT COMPANY

Principal Place of Business C/O THE CORNERSTONE GROUP, A FL GROUP 10568 WHOOPING CRANE WAY PALM CITY FL 34990	Mailing Address C/O THE CORNERSTONE GROUP, A FL GROUP 10568 WHOOPING CRANE WAY PALM CITY FL 34990
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0133227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE CORNERSTONE GROUP, A FLORIDA GROUP
10568 WHOOPING CRANE WAY
SUITE 401
PALM CITY FL 34990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	POSILICO, MARIO A	
STREET ADDRESS	10568 WHOOPING CRANE WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POSILICO, JOSEPH D. JR	
STREET ADDRESS	15 BEAUX ARTS LANE	
CITY-ST-ZIP	HUNTINGTON BAY NY	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEEHAN, ROBIN L.	
STREET ADDRESS	2924 SE MORNINGSIDE BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEEHAN, ROBIN L.	
STREET ADDRESS	2924 SE MORNINGSIDE BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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)(f), 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: Mario A. Posillico Date: 4/30/01 Daytime Phone #: 561-597-4500

CR2E034 (10/00)