

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		4. FEI Number 65-0133227		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE CORNERSTONE GROUP, A FLORIDA GROUP 10568 WHOOPING CRANE WAY SUITE 401 PALM CITY FL 34990		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD POSILICO, MARIO A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10568 WHOOPING CRANE WAY	NAME	
STREET ADDRESS	PALM CITY FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD POSILICO, JOSEPH D. JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 BEAUX ARTS LANE	NAME	
STREET ADDRESS	HUNTINGTON BAY NY	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T MEEHAN, ROBIN L. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2924 SE MORNINGSIDE BLVD	NAME	
STREET ADDRESS	PORT ST. LUCIE FL 34952	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S MEEHAN, ROBIN L. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2924 SE MORNINGSIDE BLVD	NAME	
STREET ADDRESS	PORT ST. LUCIE FL 34952	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mario A. Posillico 4/30/01 561-597-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)