

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90082 049 ***150.00

DOCUMENT # K62108

1. Entity Name

COBB PARTNERS DEPOT CORPORATION

Principal Place of Business

255 ARAGON AVE
CORAL GABLES FL 33134

Mailing Address

255 ARAGON AVE
CORAL GABLES FL 33134

2. Principal Place of Business

255 Aragon Ave

3. Mailing Address

255 Aragon Ave

Suite, Apt. #, etc.

Suite 333

Suite, Apt. #, etc.

Suite 333

City & State

Coral Gables

City & State

Coral Gables

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0110239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WESTON, ANDREW R.
8333 PONCE DE LEON
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

255 Aragon Ave, Suite 333
City Coral Gables FL Zip Code 33134

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPLE, JOHN W	
STREET ADDRESS	2300 N.W. CORP. BLVD., SUITE 238	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COBB, SUE M.	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	STV	<input type="checkbox"/> Delete
NAME	WESTON, ANDREW R.	
STREET ADDRESS	2333 PONCE DE LEON BLVD PH 1100	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	COBB	<input type="checkbox"/> Delete
NAME	COBB, CHARLES E JR	
STREET ADDRESS	2333 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, SCOTT R JR	
STREET ADDRESS	902 CLINT MOORE ROAD, BLDG. 4, #100	
CITY-ST-ZIP	BOCA RATON FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 Aragon Ave, Suite 333	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 Aragon Ave, Suite 333	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 Aragon Ave, Suite 333	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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

Date

Daytime Phone #

0161588

CR2E034 (10/00)