

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91065 037 \*\*\*\*61.25

**DOCUMENT # N01000006775**

1. Entity Name

**COLDWELL BANKER CARES COMMUNITY FOUNDATION, INC.**



Principal Place of Business

**5971 CATTLERIDGE BLVD SUITE 202  
SARASOTA FL 34322**

Mailing Address

**5971 CATTLERIDGE BLVD SUITE 202  
SARASOTA FL 34322**

2. Principal Place of Business

3. Mailing Address

**1 Campus DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PARSONS N.J.**

4. FEI Number **59-3747426**

Applied For

Not Applicable

Zip

Country

Zip

Country

**07054**

**United States**

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

**COEL, MARK A ESQ  
WESTON CORPORATE CENTRE II  
2700 COMMERCE PARKWAY SUITE 305  
WESTON FL 33331**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP						
	GREEN, JUDITH						
	5971 CATTLERIDGE BLVD., STE 202						
	SARASOTA FL 34322						
	DV						
	COOK, MITCHELL						
	2690 WESTON RD, STE 100						
	WESTON FL 33331						
	DV						
	PURVEY, WENDY						
	5971 CATTLERIDGE BLVD., STE 202						
	SARASOTA FL 34322						
	DST						
	MICHALSKI, TOM						
	5971 CATTLERIDGE BLVD., STE 202						
	SARASOTA FL 34322						

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** *Joseph Huber 3/12/03* *973-496-2672*

CR2E037 (10/02)