

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 043 ****61.25

0043372

DOCUMENT # N03920

1. Entity Name

RADICE CORPORATE CENTER ASSOCIATION, INC.



Principal Place of Business

C/O M. WINTERS @ CUSHMAN & WAKEFIELD
ONE TAMPA CITY CENTER SUITE 1900
TAMPA FL 33602-5163

Mailing Address

C/O M. WINTERS @ CUSHMAN & WAKEFIELD
ONE TAMPA CITY CENTER SUITE 1900
TAMPA FL 33602-5163

2. Principal Place of Business

C/O S. Russey @ Cushman & Wakefield

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600 CORPORATE DR. SUITE 105

City & State

City & State

FORT LAUDERDALE FL

Zip

Country

Zip

Country

33334

USA

4. FEI Number **59-2424008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALENTA, LINDA G
CUSHMAN & WAKEFIELD OF FLORIDA, INC
800 CORPORATE DR., STE. 502
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name
RUSSEY, SCOTT J.
Street Address (P.O. Box Number is Not Acceptable)
CUSHMAN & WAKEFIELD
600 CORPORATE DRIVE SUITE 105
City
FORT LAUDERDALE FL Zip Code
33334

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 **SCOTT J. RUSSEY**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/03
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

TITLE NAME	PD VALENTA, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	600 CORPORATE DRIVE SUITE 105	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE NAME	DST GARDNER, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	220 CONGRESS PARK DRIVE, #215	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE NAME	DVP FAUBERT, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	400 CORPORATE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE NAME	D GHTIS, LEO	<input type="checkbox"/> Delete
STREET ADDRESS	101 NE 3RD AVENUE SUITE 101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD RUSSEY, SCOTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	600 CORPORATE DR SUITE 105	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

4/29/03

954 493 8069

CR2E037 (10/02)