

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90108 024 ****61.25

DOCUMENT # N93000001043

1. Entity Name

**CORAL SPRINGS ECONOMIC DEVELOPMENT FOUNDATION, I
 NC.**

Principal Place of Business

Mailing Address

**9531 W SAMPLE ROAD
 CORAL SPRINGS FL 33065
 US**

**9531 W SAMPLE ROAD
 CORAL SPRINGS FL 33065
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0439578

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRIFF, DIANA MARIE
 9531 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065**

Name **PAUL F. CAWLEY**

Street Address (P.O. Box Number is Not Acceptable)
9531 WEST SAMPLE ROAD

City **CORAL SPRINGS**

FL

Zip Code **33065**

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

Paul F. Cawley

1-15-02

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VC** ☐ Delete
 NAME **SLATTERY, DENNIS**
 STREET ADDRESS **8601 WEST SUNRISE BLVD #1412**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **WALSH, JOHN M**
 STREET ADDRESS **3111 N UNIVERSITY DRIVE STE 1050**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **CD** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
 NAME **BRITE, PAUL M**
 STREET ADDRESS **8950 NW 120 AVE**
 CITY-ST-ZIP **CORAL SPGS FL 33065**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
 NAME **KOPPERL, SIDNEY**
 STREET ADDRESS **1801 N PINE ISLAND ROAD**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **TD** ☐ Change ☐ Addition
 NAME **GLORIA ROSSOMANO**
 STREET ADDRESS **3111 N. UNIVERSITY DRIVE, STE 1000**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

JOHNSON MATTHEW'S REQUIRED

Matthew Johnson

9543466996

CR2E037 (9/01)