

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001530

1. Entity Name

CARRIAGE BROOKE AT WELLINGTON'S EDGE PROPERTY OW

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90019 004 ****61.25

Principal Place of Business	Mailing Address
C/O GLEN MANAGEMENT SERVICES 4301 OAK CIRCLE #23 BOCA RATON FL 33431 US	C/O GLEN MANAGEMENT SERVICES 4301 OAK CIRCLE #23 BOCA RATON FL 33431-4258 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/O Glen Management Services</i>	3. Mailing Address <i>C/O Glen Management</i>
Suite, Apt. #, etc. <i>301 W. CAMINO GARDENS BLDG #200</i>	Suite, Apt. #, etc. <i>P.O. BOX 1390</i>

City & State <i>Boca Raton, FL</i>	City & State <i>Boca Raton, FL</i>
Zip <i>33432</i>	Zip <i>33429</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 65-0673739	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLEN MANAGEMENT SERVICES
4301 OAK CIRCLE
STE 23
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: *ANDREW C. GLEN*
Street Address (P.O. Box Number is Not Acceptable): *301 W. CAMINO GARDENS BLDG #200*
City: *BOCA RATON* FL Zip Code: *33432*

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]* *A. GLEN* DATE: *2/15/2000*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD LOESCH, PATRICIA 407 ABBEYVILLE RD., #4 PITTSBURG FL</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PDT BOVE, TERRY F 3901 WASHINGTON RD. SUITE 301 MCMURRYTON PA</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD MALONE, MICHAEL P.O. BOX 520-490 BARNICKEL ST MEADOWSLANDS PA</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* *TERRY F BOVE* DATE: *2/08/00* DAYTIME PHONE #: *(724) 942-4370*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)