

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90103 016 \*\*\*\*61.25

**DOCUMENT # N98000000460**

1. Entity Name  
**ENTERPRISE CORAL SPRINGS, INC.**



Principal Place of Business  
**9531 W. SAMPLE RD.  
CORAL SPRINGS FL 33065**

Mailing Address  
**9531 W. SAMPLE RD.  
CORAL SPRINGS FL 33065**

2. Principal Place of Business  
**11805 HERON BAY BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**11805 HERON BAY BLVD**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL SPRINGS, FL**  
Zip  
**33076**  
Country

City & State  
**CORAL SPRINGS, FL**  
Zip  
**33076**  
Country

4. FEI Number **65-0802286**

Applied For  
Not Applicable

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**

**CAWLEY, PAUL F**  
~~9531 W. SAMPLE RD.~~  
~~CORAL SPRINGS FL 33065~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11805 HERON BAY BLVD**  
City  
**CORAL SPRINGS** FL Zip Code  
**33076**

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 **DVC** ☒ Delete  
NAME ~~GRILLD, PAUL~~  
STREET ADDRESS ~~9770 W. SAMPLE RD.~~  
CITY-ST-ZIP ~~CORAL SPRINGS FL 33065~~

TITLE **DVC** ☒ Change ☐ Addition  
NAME **DENNIS SLATTERY**  
STREET ADDRESS **4621 WINWARD COVE LANE**  
CITY-ST-ZIP **WELLINGTON, FL 33467**

TITLE **CD** ☐ Delete  
NAME **MOYLE, BERNARD T ESQ**  
STREET ADDRESS **1 FINANCIAL PLAZA STE., 1600**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1875 SW 4 AVENUE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **TD** ☐ Delete  
NAME **ROSSOMAO, GLORIA**  
STREET ADDRESS **2855 UNIVERSITY DR**  
CITY-ST-ZIP **CORAL SPRING FL 33065**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3111 N. UNIVERSITY DR.**  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **NEIDER, MICHAEL**  
STREET ADDRESS **12095 NW 39 ST**  
CITY-ST-ZIP **CORAL SPGS FL 33065**

TITLE **SD** ☒ Change ☐ Addition  
NAME **TOM WEBER**  
STREET ADDRESS **3111 N. UNIVERSITY DR.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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]*

1-27-03

854 346-6996

CR2E037 (10/02)