

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90132 050 ****61.25

DOCUMENT # N99000007263

1. Entity Name

PONCE DE LEON DEVELOPMENT ASSOCIATION OF CORAL GABLES, INC.



Principal Place of Business

**269 GIRALDA AVE STE 302
CORAL GABLES FL 33134**

Mailing Address

**269 GIRALDA AVE STE 302
CORAL GABLES FL 33134**

2. Principal Place of Business

6575 N. KENDALL DR

Suite, Apt. #, etc.

3. Mailing Address

6575 N. KENDALL DR.

Suite, Apt. #, etc.

ATT: H. LANGSTON

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number **59-1713635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORGAN, NANCY
269 GIRALDA AVE STE 302
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **HENRY O. LANGSTON**

Street Address (P.O. Box Number is Not Acceptable)

6575 N. KENDALL DR

City

MIAMI

FL

Zip Code

33156

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)

3-19-03

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LANGSTON, HANK	
STREET ADDRESS	6675 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RIPICH, PETER	
STREET ADDRESS	2800 PONCE DE LEON BLVD #1200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERSMAN, CARMEN	
STREET ADDRESS	221 ARAGON	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REITNAUER, DOREEN	
STREET ADDRESS	2800 PONCE DE LEON BLVD 9TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, CHARLES	
STREET ADDRESS	2631 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAASTRICHT, EILEEN	
STREET ADDRESS	2655 S. LEJEUNE RD #1108	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED**

3-19-03

305-774-52100

CR2E037 (10/02)