

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90235 039 ***158.75

DOCUMENT # P00000054176

1. Entity Name
USCA NATIONAL, INC. CROQUET ENTERPRISES, INC.

Principal Place of Business
**700 FLORIDA MANGO RD
 WEST PALM BEACH FL 33406**

Mailing Address
**700 FLORIDA MANGO RD
 WEST PALM BEACH FL 33406**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2970598**

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

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., STE. 3000
 MIAMI FL 33131-3209**

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **STUEBER, CHARLES P**
 STREET ADDRESS **200 ALEXANDER PALM RD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
 NAME **Harbor's Edge #205 South, 401 Linton Blvd.**
 STREET ADDRESS **Delray Beach, FL 33483**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **CHILTON, ROBERT**
 STREET ADDRESS **2 CHILTON POINT RD**
 CITY-ST-ZIP **HAETH TX 76032**

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

TITLE **2VP** ☒ Delete
 NAME **CAMPRELL, WILLIAM**
 STREET ADDRESS **9 BAMBERY LANE**
 CITY-ST-ZIP **GREENWICH CT 06831**

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

TITLE **T** ☒ Delete
 NAME **JONES, KEITH**
 STREET ADDRESS **139 SEA BREEZE AVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☒ Addition
 NAME **T Gould, Brian**
 STREET ADDRESS **279 Canterbury Drive West**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **S** ☐ Delete
 NAME **TRUMAN, NORMA**
 STREET ADDRESS **146 E CAMINO REAL**
 CITY-ST-ZIP **BOCA RATON FL 33480**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith A. Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002 (561) 659-2072
 Date Daytime Phone #

CR2E034 (9/01)