

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90342 003 \*\*\*158.75

**DOCUMENT # P00000073095**

1. Entity Name

**STERLING-LAKE MARY, INC.**

Principal Place of Business

Mailing Address

~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33480~~

~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33480~~

2. Principal Place of Business

3. Mailing Address

*One N. Clematis St.*

*One N. Clematis St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 305*

*Suite 305*

*West Palm Beach, FL*

*West Palm Beach, FL*

City & State

City & State

Zip

Country

Zip

Country

*33401*

*USA*

*33401*

*USA*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOSOY, BRIAN D**

~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33480~~

Name

Street Address (P.O. Box Numbers Not Acceptable)

*One North Clematis St.*

*Suite 305*

*West Palm Beach FL*

Zip Code  
*33401*

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	PD	<input type="checkbox"/> Delete
NAME	KOSOY, BRIAN D	
STREET ADDRESS	<del>209 PHIPPS PLAZA</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MOROSS, GREGORY S	
STREET ADDRESS	<del>209 PHIPPS PLAZA</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHREEVE, DAVID J	
STREET ADDRESS	<del>209 PHIPPS PLAZA</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSTELLO, VINCENT J	
STREET ADDRESS	<del>209 PHIPPS PLAZA</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORKERY, THOMAS J	
STREET ADDRESS	<del>209 PHIPPS PLAZA</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>One N. Clematis St. Ste. 305</i>
CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Same as Above</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Same as Above</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Same as Above</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Same as Above</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Brian D. Kosoy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brian D. Kosoy 4-12-02 561-835-1810*  
 Date Daytime Phone #

CR2E034 (9/01)