

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90023 001 \*\*\*150.00

**DOCUMENT # P00000094397**

**1. Entity Name**  
**SAINT REAL ESTATE HOLDINGS, INC.**

**Principal Place of Business**  
**BAY VILLA CONDO**  
**5319/5320 S SEAS PLANTATION RD**  
**CAPTIVA FL 33924**

**Mailing Address**  
**SAINT REAL ESTATE HOLDINGS, INC.**  
**160 OLD DERBY STREET. #223**  
**HINGHAM MA 02043**

**2. Principal Place of Business**  
**South Seas**  
**Suite, Apt. #, etc.**  
**2331 Beach Villas**  
**City & State**  
**Captiva, FL**  
**Zip**  
**33924**  
**Country**  
**USA**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**Fla**  
**Zip**

**Country**

**4. FEI Number** **06-1605045**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **TALVACCHIA, JOHN L**  
**STREET ADDRESS** **LYNE WOODWORTH & EVARTS LLP 600 ATLANTIC A**  
**CITY-ST-ZIP** **BOSTON MA 02210**

**TITLE** **P** ☐ **Delete**  
**NAME** **P. Michael Saint**  
**STREET ADDRESS** **160 Old Derby St. Suite 223**  
**CITY-ST-ZIP** **Hingham, MA 02043**

**TITLE** **V** ☐ **Delete**  
**NAME** **Robert J. Flawell**  
**STREET ADDRESS** **160 Old Derby St. Suite 223**  
**CITY-ST-ZIP** **Hingham, MA 02043**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ **Change** ☐ **Addition**

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**TITLE** ☐ **Change** ☐ **Addition**

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**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:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)