

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90994 023 \*\*\*150.00

0392339 AV

**DOCUMENT # P00000113707**

1. Entity Name

**NORTHSTAR PARKLAND PARTNERS, INC.**



Principal Place of Business

**77 CAYMAN PLACE  
PALM BEACH GARDENS FL 33418**

Mailing Address

**77 CAYMAN PLACE  
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

**7100 FAIRWAY DR.**

3. Mailing Address

**7100 FAIRWAY DR.**

Suite, Apt. #, etc.

**Suite 28**

Suite, Apt. #, etc.

**Suite 28**

City & State

**PALM BEACH GARDENS, FL**

City & State

**PALM BEACH GARDENS, FL**

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1060875**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LINDENBAUM, STEVEN  
767 SOUTH STATE ROAD 7  
SUITE 24  
MARGATE FL 33068**

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. 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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SOOWAL, LOIS**  
STREET ADDRESS **5625 W. LEITNER DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☒ Change ☐ Addition  
NAME **7100 FAIRWAY DR, Suite 28**  
STREET ADDRESS **PALM BEACH GARDENS, FL 33418**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Delete  
NAME **HANDLER, BRETT D**  
STREET ADDRESS **77 CAYMAN PLACE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☒ Change ☐ Addition  
NAME **7100 FAIRWAY DR, Suite 28**  
STREET ADDRESS **PALM BEACH GARDENS, FL 33418**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 supplementary 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 10 or Block 11 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

**4/25/03**  
Date

**799-2727**  
Daytime Phone #

CR21034 (10/02)