

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90099 044 \*\*\*150.00

**DOCUMENT # P01000086034**

1. Entity Name

**GALLEON ON THE RIVER COMMUNITY DEVELOPERS, INC.**

Principal Place of Business

6767 N. WICKHAM ROAD  
 SUITE 500  
 MELBOURNE FL 32940

Mailing Address

6767 N. WICKHAM ROAD  
 SUITE 500  
 MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3741472

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

FRESE, GARY B  
 930 S. HARBOR CIT BLVD., SUITE 505  
 MELBOURNE FL 32901

Name

Keith Buescher

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

6767 N. Wickham Road, Suite 500

City

Melbourne,

FL

Zip Code 32940

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 D ☐ Delete  
 NAME BUESCHE, SCOTT  
 STREET ADDRESS 6767 N. WICKHAM ROAD  
 CITY-ST-ZIP MELBOURNE FL 32940

TITLE DT ☒ Change ☐ Addition  
 NAME Buescher  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME BUESCHE, KEITH  
 STREET ADDRESS 6767 N. WICKHAM ROAD  
 CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE D ☐ Delete  
 NAME KUSH, ROBERT M  
 STREET ADDRESS 6767 N. WICKHAM ROAD  
 CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE D ☐ Delete  
 NAME SEMBLER, DANIEL  
 STREET ADDRESS 6767 N. WICKHAM ROAD  
 CITY-ST-ZIP MELBOURNE FL 32940

TITLE DV ☒ Change ☐ Addition  
 NAME Semler, Daniel  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME PRINCE, FRANK R  
 STREET ADDRESS 6767 N. WICKHAM ROAD  
 CITY-ST-ZIP MELBOURNE FL 32940

TITLE DS ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)