## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State P01000092862 DOCUMENT # 1. Entity Name 05-27-2002 90293 041 \*\*\*158.75 FLORIDA/TUCSON EQUITY INVESTORS, INC. Principal Place of Business Mailing Address 3399 PGA BLVD. SUITE 240 3399 PGA BLVD. SUITE 240 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1152955 Not Applicable Zip Country\* Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCE, THOMAS K Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD, SUITE 240 PALM BEACH GARDENS FL 33410 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition SINA, MALCOLA S NAME NAME 3349 PEA BLUD, SUITE 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALM BETCH GARAEUS, FL 33410 TITLE ☐ Delete Addition ☐ Change AUCAT, LAVEENCE A NAME 3399 PGA BLVD, SUITE 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAIN BEACH GARAFUS, FL 334/0 TITLE Delete TITLE ☐ Change Addition GALGAND, TAMES V NAME NAME 3899 PGA BLYD, SUITE 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDEUS, FL 33410 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SAMES 1. GALGANO 4/30/02

INING OFFICER OR DIRECTOR

Date

☐ Change

Addition

**FILED** 

(9/01)