

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90215 025 ***150.00



DOCUMENT # P01000100046

1. Entity Name
**PRESIDENTIAL CAPITAL PARTNERS INVESTMENTS I GP,
INC.**

Principal Place of Business
**8151 PETERS ROAD SUITE 3300
PLANTATION FL 33324**

Mailing Address
**8151 PETERS ROAD SUITE 3300
PLANTATION FL 33324**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1200 S. Pine Island Rd.

3. Mailing Address
1200 S. Pine Island Rd.

Suite, Apt. #, etc.
Suite #200

Suite, Apt. #, etc.
Suite #200

City & State
Plantation, FL

City & State
Plantation, FL

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number **65-1149368**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONDRE, RICHARD D
8151 PETERS ROAD SUITE 3300
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**1200 S. Pine Island Road
Suite #200
Plantation FL 33324**

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]*
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 **GORDON, MARK J**
STREET ADDRESS **8151 PETERS ROAD SUITE 3300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME **1200 S. Pine Island Road**
STREET ADDRESS **Suite #200**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **D** ☐ Delete
NAME **EPSTEIN, DAVID L**
STREET ADDRESS **8151 PETERS ROAD SUITE 3300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition
NAME **same as above**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MONDRE, RICHARD D**
STREET ADDRESS **8151 PETERS ROAD SUITE 3300**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition
NAME **same as above**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)