

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90026 041 ***158.75

0010165 AT

DOCUMENT # P01000116607

1. Entity Name

NASSAU REAL ESTATE COMPANY

Principal Place of Business

**2891 SEMINOLE ROAD
PALM SPRINGS FL 33406**

Mailing Address

**2891 SEMINOLE ROAD
PALM SPRINGS FL 33406**

2. Principal Place of Business

2659 NASSAU ROAD

3. Mailing Address

PO Box 18285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST Palm Bch, FL

City & State

WEST Palm Bch, FL

4. FEI Number

65-1159664

Applied For

Not Applicable

Zip

33406

Country

U.S.A.

Zip

33416

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EBERSOLD, SEAN L
2891 SEMINOLE ROAD
PALM SPRINGS FL 33406**

7. Name and Address of New Registered Agent

Name **SEAN L. EBERSOLD**
Street Address (P.O. Box Number is Not Acceptable)
2659 NASSAU ROAD

City **WEST PALM BEACH** FL Zip Code **33406**

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 *SEAN L. EBERSOLD*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	DAVID H. ROSS
CITY-ST-ZIP	2689 NASSAU ROAD WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/T/D
STREET ADDRESS	SCOTT D. ROSS
CITY-ST-ZIP	2678 WEST END ROAD WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S/D
STREET ADDRESS	SEAN L. EBERSOLD
CITY-ST-ZIP	2659 NASSAU ROAD WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SEAN L. EBERSOLD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

561-966-4354

Daytime Phone #

CR2E034 (9/01)