2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # P23138 1. Entity Name 04-07-2002 90062 010 ***150 00 FLORIDA RS. INC. Principal Place of Business Mailing Address 201 NORTH NEW YORK AVENUE 201 NORTH NEW YORK AVENUE SUITE 200 SUITE 200 -WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 2601 2001 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0098717 וו בע Not Applicable Country Country \$8.75 Additional 5201 5. Certificate of Status Desired)a(las)a (l25 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 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 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS -ector CR2E034 (9/01) TITLE Change TITLE PD ☐ Delete Hoeksema NAME NAME wood, edward o jr. 201 N'. New York Ave STREET ADDRESS 201 NORTH NEW YORK AVENUE SUITE 200 STREET ADDRESS CITY-ST-ZIF H 5278° CITY-ST-ZIP WINTER PARK FL 32789 TITLE TITLE Director ☐ Change X Addition] Delete NAME NAME Harlan K PATTERSON, THOMAS J 2100 MCKINNEY STREET ADDRESS 717 N HARWOOD ST, STE 1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DALLAS TX 75201 ☐ Delete TITLE rector Change Addition TITLE Ronald Terwilliges NAME NAME # 1100 STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ,#3700 STREET ADDRESS STREET ADDRESS 201 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME Thomas J. Patterson STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.