2002 Uniform Business Report (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 25, 2002 8:00 am DOCUMENT # P93000018310 Secretary of State 1. Entity Name 03-25-2002 90137 007 ***150 TEQUESTA DEVELOPMENT, INC. Principal Place of Business Mailing Address 501 BRICKELL KEY DR. #102- GOO 501 BRICKELL KEY DR. #102- GOO ** GREGO E. TOLAND BEVERLIGY CARLY * OFFICE E-TOLAND BEVERLIEY CARBY MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 501 BRICKEI 501 BRICKELL KEY DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 000 City & State City & State Applied For 4. FEI Number 65-0401458 Miami Not Applicable Zip Country \$8.75 Additional 'S R 5. Certificate of Status Desired ろろしろし Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOLAND, GREGG E Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR. #102-600 **MIAMI FL 33131** 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 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 COD ☐ Delete TITLE Change ☐ Addition NAME KERR, KEITH G NAME STREET ADDRESS 501 BRICKELL KEY DRIVE #600 STREET ADDRESS CITY-ST-ZIP MIAM! FL 33131 CITY-ST-ZIP VPSTDO VPST TITLE ☐ Delete TITLE Change ☐ Addition toland, Gregg L NAME NAME STREET ADDRESS 501 BRICKELL DRIVE #600 STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP $D \circ D$ ☐ Addition TITLE ☐ Delete OWENS, STEPHEN L-NAME NAME: STREET ADDRESS 501 BRICKELL KEY DRIVE #600 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP **VPO** VPOD TITLE ☐ Delete TITLE Change □ Addition KELLY, J. MEGAN NAME NAME STREET ADDRESS 501 BRICKELL KEY DRIVE #600 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP Change AS O TITLE AS ☐ Delete TITLE ☐ Addition CARBY, BEVERLY C NAME BEVERIEY C. CARBY STREET ADDRESS 501 BRICKELL KEY DRIVE #600 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truetse 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 addirect, with all other like empowered.

FILED