

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040006

1. Entity Name

EQUISTAR MANAGEMENT COMPANY

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90256 018 \*\*\*150.00

Principal Place of Business

210 UNIVERSITY DRIVE  
SUITE 900  
CORAL SPRINGS FL 33071

Mailing Address

210 UNIVERSITY DRIVE  
SUITE 900  
CORAL SPRINGS FL 33071

2. Principal Place of Business

P.O. Box 770668

3. Mailing Address

P.O. Box 770668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0498373

Applied For

Not Applicable

Zip

Country

33077-0668

Zip

Country

33077-0668

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEICHOLZ, SCOTT  
210 UNIVERSITY DRIVE  
SUITE 900  
CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
DPS  
WEICHOLZ, SCOTT  
STREET ADDRESS  
210 UNIVERSITY DR., SUITE 900  
CITY-ST-ZIP  
CORAL SPRINGS FL 33071

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

By: *Scott Weicholz* President 04/24/2001

(954) 344-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)