## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATU

## **FILED** Mar 11, 2002 8:00 am Secretary of State P94000048684 DOCUMENT # 1. Entity Name TRANSEASTERN PROPERTIES AT THE COVE, INC. 03-11-2002 90001 026 \*\*\*158.75 Mailing Address Principal Place of Business 3300 UNIVERSITY DRIVE 3300 UNIVERSITY DRIVE **80038575** 1ST FLOOR 1ST FLOOR CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State -----City & State - - - -65-0507811 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIFORE, CORA Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE STE 001 CORAL SPRINGS FL 33065 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE TITLE FALCONE, ARTHUR J NAME NAME 3300 UNIVERSITY DR STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change **VPD** TITLE ☐ Delete TITLE FALCONE, EDWARD NAME NAME 3300 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE VΡ ☐ Delete TITLE EISNER, NEIL NAME NAME STREET ADDRESS 3300 UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 VP,AS Change ☐ Addition VΡ ☐ Delete TITLE cora difiore DIFIORE, CORA NAME NAME 3300 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS 3300 UNIVERSITY BY CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ; Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 leport 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.