

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90717 002 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000048684

1. Entity Name  
**TRANSEASTERN PROPERTIES AT THE COVE, INC.**



11039699

Principal Place of Business  
3300 UNIVERSITY DRIVE  
1ST FLOOR  
CORAL SPRINGS, FL 33065 US

Mailing Address  
3300 UNIVERSITY DRIVE  
1ST FLOOR  
CORAL SPRINGS, FL 33065 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0507811**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DIFORE, CORA  
3300 UNIVERSITY DRIVE  
STE 001  
CORAL SPRINGS, FL 33065

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. I am familiar with, and accept the obligations of registered agent.

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**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to: Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PDT**  
**FALCONE, ARTHUR J**  
**3300 UNIVERSITY DR**  
**CORAL SPRINGS, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPD**  
**FALCONE, EDWARD**  
**3300 UNIVERSITY DRIVE**  
**CORAL SPRINGS, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**EISNER, NEIL**  
**3300 UNIVERSITY DRIVE**  
**CORAL SPRINGS, FL 33065**

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPAS**  
**DIFIORE, CORA**  
**3300 UNIVERSITY DRIVE**  
**CORAL SPRINGS, FL 33065**

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03

CR2E034 (10/02)