

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048754

1. Entity Name

PASADENA AT IMAGINATION FARMS, INC.

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90053 038 \*\*\*150.00

Principal Place of Business

1000 N HIATUS ROAD  
STE #100  
PEMBROKE PINES FL 33026  
US

Mailing Address

P. O. BOX 290010  
STE #100  
DAVIE FL 33329  
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 65-0507298

Applied For

Not Applicable

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

BERGER, ADOLPH J  
1000 N HIATUS ROAD  
STE #100  
PEMBROKE PINES FL 33026

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MILLER, LEONARD	1000 N. HIATUS ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
VP	BERGER, ADOLPH J	1000 N. HIATUS ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
VP	MILLER, ROBERT B	1000 NORTH HIATUS ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
VP	COTT, LAWRENCE	1000 N. HIATUS ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
VP	COTT, CORINNE	1000 N. HIATUS ROAD	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Cott

Date

Daytime Phone #

1/26/01 475-8600

CR2E034 (10/00)