

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90836 021 \*\*\*150.00

**DOCUMENT # P94000068998**

1. Entity Name

**BIRCH HILL DEVELOPMENT AND CONSTRUCTION CORPORATION**



Principal Place of Business

**C/O PALM BEACH POLO COUNTRY CLUB  
2865 POLO ISLAND DR.  
WEST PALM BEACH FL 33414**

Mailing Address

**C/O PALM BEACH POLO COUNTRY CLUB  
2865 POLO ISLAND DR.  
WEST PALM BEACH FL 33414**

2. Principal Place of Business

**2722 SHELTINGHAM DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**2722 SHELTINGHAM DR.**  
Suite, Apt. #, etc.

City & State

**WELLINGTON, FL**

City & State

**WELLINGTON FL**

Zip

**33414**

Country

**USA**

Zip

**33414**

Country

**USA**

4. FEI Number

**65-0524417**

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

**JANE, AVERSAND  
2805 POLO ISLAND DRIVE  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

**JANE AVERSANO**

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

**2722 SHELTINGHAM DR.**

City

**WELLINGTON**

FL

Zip Code

**33414**

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

*Jane Aversano*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/03**

**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

TITLE **P** ☐ Delete  
NAME **AVERSANO, RANDOLPH**  
STREET ADDRESS **2865 POLO ISLAND DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VP** ☐ Delete  
NAME **AVERSANO, JANE R**  
STREET ADDRESS **2865 POLO ISLAND DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2722 Sheltingham Dr.**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2722 Sheltingham Dr.**  
CITY-ST-ZIP **Wellington, FL 33414**

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

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

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

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:

*Jane R. Aversano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANE R. AVERSANO**

**1/9/03**

Date

**561-793-5677**

Daytime Phone #

CR2E034 (10/02)