

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90096 028 ***150.00

0421121 AV

DOCUMENT # P95000019721

1. Entity Name
GEORGICA ASSOCIATES, INC.



Principal Place of Business
**1926 TENTH AVENUE NO.
SUITE 400
LAKE WORTH FL 33461
US**

Mailing Address
**1926 TENTH AVENUE NO.
SUITE 400
LAKE WORTH FL 33461
US**

11008823



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 **65-0682380**

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

**PARRA, OLGA E
1926 TENTH AVENUE NO
SUITE 400
LAKE WORTH FL 33461**

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 _____ (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 **D** ☐ Delete
NAME **SHAPIRO, HONORA**
STREET ADDRESS **1926 TENTH AVENUE NORTH SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **VPST** ☒ Delete
NAME **WELLINGTON, GRAHAM P**
STREET ADDRESS **1926 TENTH AVENUE NO, 4TH FLOOR**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **EVP** ☐ Delete
NAME **SHAPIRO, STEPHEN J**
STREET ADDRESS **1926 TENTH AVENUE NORTH SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **BERNSTEIN, MICHAEL**
STREET ADDRESS **1926 TENTH AVENUE NORTH SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE **AS** ☐ Delete
NAME **HUNTER, MARGARET A**
STREET ADDRESS **1926 TENTH AVENUE NORTH SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL**

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

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 RETAINED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL BERNSTEIN, PRESIDENT

1/13/03 561-540-6224

Date Daytime Phone #

CR2E034 (10/02)



Maack
11008823

April 21, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302

Re: Georgica Associates, Inc.
P95000019721

Dear Sir or Madam:

Enclosed for filing please find the 2003 Uniform Business Report for the above referenced corporation together with Check No. 15847 in the amount of \$150.00 in payment of the filing fee.

Sincerely,

Michele M. Mueller

Michele M. Mueller
Legal Administrator

/mmm
Enclosures