

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90152 023 ***150.00

DOCUMENT # P95000021844

1. Entity Name
NORTHSTAR MANAGEMENT COMPANY, INC.

Principal Place of Business
5196 CLOVER CREEK DR.
BOYNTON BEACH FL 33437
US

Mailing Address
5196 CLOVER CREEK DR.
BOYNTON BEACH FL 33437
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14406 S. MILITARY TRAIL
 Suite, Apt. #, etc.

3. Mailing Address
14406 S. MILITARY TRAIL
 Suite, Apt. #, etc.

City & State
Delray, FL
 Zip
33445

Country
PALM

City & State
Delray, FL
 Zip
33445

Country
PALM

4. FEI Number
65-0572487

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WURTENBERGER, KENNETH P
ATLAS, PEARLMAN, TROP, & BORKSON
200 E LAS OLAS BLVD SUITE 1900
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
DAVID ETTINGER
 Street Address (P.O. Box Number is Not Acceptable)
14406 S. MILITARY TRAIL
 City
Delray **FL** Zip Code
33445

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.

DAVID ETTINGER
 (NOTE: Registered Agent signature required when reinstating)

1/14/02
 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, 2002 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

TITLE
VPS
 NAME
DOBBIN, MARJORIE
 STREET ADDRESS
7083 SIENA COURT
 CITY-ST-ZIP
BOCA RATON FL 33433 ☐ Delete

TITLE
P
 NAME
ETTINGER, DAVID
 STREET ADDRESS
7103 ENCINA LANE
 CITY-ST-ZIP
BOCA RATON FL 33433 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

CR2E034 (9/01)