

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036721

1. Entity Name

STERLING IV FLORIDA, INC.

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90054 003 ***158.75

Principal Place of Business

209 PHIPPS PLAZA
PALM BEACH FL 33433
US

Mailing Address

209 PHIPPS PLAZA
PALM BEACH FL 33433
US

100140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0580677

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KOSOY, BRIAN D
209 PHIPPS PLAZA
17TH FLOOR
PALM BCH FL 33480

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 DP ☐ Delete
NAME KOSOY, BRIAN D
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VTD ☐ Change ☒ Addition
NAME SHREEVE, DAVID J.
STREET ADDRESS 209 Phipps Plaza
CITY-ST-ZIP Palm Beach, FL 33480

TITLE VSD *MOROSS* *correct spelling* ☐ Delete
NAME ~~MOLOSS~~, GREGORY S
STREET ADDRESS 209 PHIPPS PLAZA
CITY-ST-ZIP PALM BCH FL 33480

TITLE VD ☐ Change ☒ Addition
NAME COSTELLO, VINCENT J.
STREET ADDRESS 209 Phipps Plaza
CITY-ST-ZIP Palm Beach, FL 33480

TITLE DVS ☒ Delete
NAME BEAULIEU, DENIS
STREET ADDRESS 209 PHIPPS PLZ
CITY-ST-ZIP PALM BCH FL 33480

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

TITLE DT ☒ Delete
NAME MARCHESSAULT, GERI
STREET ADDRESS 209 PHIPPS PLZ
CITY-ST-ZIP PALM BCH FL 33480

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Brian D. Kosoy 4-23-01
President

Date

Daytime Phone #

CR2E034 (10/00)