## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State · P96000037611 DOCUMENT # 1. Entity Name 04-30-2002 90177 005 \*\*\*150.00 **BOLLETTIER! DEVELOPMENT COMPANY** Mailing Address Principal Place of Business IMG CENTER 5500 - 34TH ST. WEST 99910334 1360 E 9TH ST STE 100 **BRADENTON FL 34210** CLEVELAND OH 44114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0670420 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T.CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 . Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME **BOLLETERI, NICHOLAS J** NAME STREET ADDRESS 5500 34 ST. W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE **VD** NAME NAME LAFAVE, ARTHUR J JR STREET ADDRESS STREET ADDRESS IMG CENTER 1360 E 9TH ST STE 1000 CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH 44114** ☐ Addition Change TITLÉ ☐ Delete TITLE SD NAME NAME CARFAGNA, PETER STREET ADDRESS STREET ADDRESS IMG CENTER 1360 E 9TH ST STE 100 CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 ☐ Change ☐ Addition Delete TITLE TITLE NAME OSBORNE, DAVID A JR NAME STREET ADDRESS STREET ADDRESS IMG CENTER 1360 E 9TH ST STE 100 CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 ☐ Change ☐ Addition ☐ Detete TITLE TITLE KAIN, ROBERT NAME STREET ADDRESS IMG CENTER 1360 E 9TH ST STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH 44114** ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

REQUIRED DAVID A. OSBORITE 4/12/02
TO SAGNING OFFICER OR DIRECTOR
TO SAGNING OFFICER OR DIRECTOR

**FILED**