

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058974

1. Entity Name

D&M CORAL SPRINGS PARK, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90051 040 \*\*\*150.00

0000111



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071	Mailing Address 1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071-7820
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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 65-0690106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASARCH, STEVEN J  
7777 GLADES ROAD STE 200  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name: Domenica M. FLORA  
Street Address (P.O. Box Number is Not Acceptable): 1865 EAST EAGLE TRACE BLVD  
City: CORAL SPRINGS FL Zip Code: 33071

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: Domenica M. FLORA (Signature, typed or printed name of registered agent and title if applicable.)  
DATE: 2/24/00 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORA, MICHAEL J 1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORA, DOMENICA M 1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORA, MICHAEL J. 1865 E EAGLE TRACE BLVD CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FLORA, DOMENICA M 1865 E. EAGLE TRACE BLVD. CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Domenica M. FLORA (Signature and typed or printed name of signing officer or director)  
Date: 2/24/00 Daytime Phone #: (954) 255-2246

CR2E034 (9/99)