

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90878 003 ***158.75

DOCUMENT # P96000075912

1. Entity Name
TRANSEASTERN PROPERTIES OF ORLANDO, INC.

Principal Place of Business
3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

00000000



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

65-0700518

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

DIFORE, CORA
3300 UNIVERSITY DR
STE 001
CORAL SPRINGS FL 33065

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FALCONE, ARTHUR**
STREET ADDRESS **3300 UNIVERSITY DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **Pres, Sec, D** ☒ Change ☐ Addition
NAME **Arthur FALCONE**
STREET ADDRESS **3300 University Drive**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ Delete
NAME **FALCONE, EDWARD**
STREET ADDRESS **3300 UNIVERSITY DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VP, D** ☒ Change ☐ Addition
NAME **Edward Falcone**
STREET ADDRESS **3300 University Dr**
CITY-ST-ZIP **C.S. FL 33065**

TITLE **V** ☐ Delete
NAME **DIFIORE, CORA**
STREET ADDRESS **3300 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **V, AS** ☒ Change ☐ Addition
NAME **DIFIORE, CORA**
STREET ADDRESS **3300 University Dr. C.S FL 33065**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **EISNER, NEIL**
STREET ADDRESS **3300 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **JOHN EVASINS**
STREET ADDRESS **3300 University Dr**
CITY-ST-ZIP **C.S. FL 33065**

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-02

CR2E034 (9/01)