

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91433 016 ***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

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 **65-0700518**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	FALCONE, ARTHUR	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FALCONE, EDWARD	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DIFIORE, CORA	
STREET ADDRESS	3300 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> Delete
NAME	EISNER, NEIL	
STREET ADDRESS	3300 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVASIUS, JOHN	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-03

CR2E034 (10/02)