

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90342 002 ***158.75

DOCUMENT # **P96000101347**

1. Entity Name
STERLING LIVE OAK, INC.

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~

2. Principal Place of Business

3. Mailing Address

One North Clematis St.
 Suite, Apt. #, etc.
Suite 305

One North Clematis St.
 Suite, Apt. #, etc.
Suite 305

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33401

Country
USA

Zip
33401

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0710373**

Applied For
☐ **Not Applicable**

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

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33400~~

Name

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis St.

Suite 305

City **West Palm Beach FL**

Zip Code **33401**

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 | DP | <input type="checkbox"/> Delete |
| NAME | KOSOY, BRIAN D | |
| STREET ADDRESS | 200 PHIPPS PLAZA | |
| CITY-ST-ZIP | PALM BEACH FL 33400 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | CORKERY, THOMAS | |
| STREET ADDRESS | 200 PHIPPS PLZ | |
| CITY-ST-ZIP | P B FL 33400 | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | SHREEVE, DAVID J | |
| STREET ADDRESS | 200 PHIPPS PLAZA | |
| CITY-ST-ZIP | PALM BEACH FL 33400 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | COSTELLO, VINCENT J | |
| STREET ADDRESS | 200 PHIPPS PLAZA | |
| CITY-ST-ZIP | PALM BEACH FL 33400 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|-----------------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | One North Clematis St. |
| CITY-ST-ZIP | Suite 305 |
| | West Palm Beach, FL 33401 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | One North Clematis St. |
| CITY-ST-ZIP | Suite 305 |
| | West Palm Beach, FL 33401 |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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

4-12-02 561-835-1810

Date

Daytime Phone #

CR2E034 (9/01)