

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90124 029 ***150.00

DOCUMENT # P97000041536

1. Entity Name

AVENTURA PROPERTIES, INC.



Principal Place of Business
10151 DEERWOOD PARK BLVD
BUILDING 100, SUITE 410
JACKSONVILLE FL 32256

Mailing Address
10151 DEERWOOD PARK BLVD
BUILDING 100, SUITE 410
JACKSONVILLE FL 32256

2. Principal Place of Business
9995 Gate Parkway

3. Mailing Address
9995 Gate Parkway

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32246

Country
USA

Zip
32246

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3447762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
10151 DEERWOOD PARK BLVD
BUILDING 100, SUITE 410
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Koegler, Steven C.
Street Address (P.O. Box Number is Not Acceptable)
9995 Gate Parkway
Suite 400
City
Jacksonville **FL** Zip Code
32246

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KAVALIEROS, THEODOROS I
10151 DEERWOOD PARK BLVD STE 410
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9995 Gate Parkway, Ste 400
Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RAISSA FRENKEL
10151 DEERWOOD PARK BLVD. BLDG. 100, #410
JACKSONVILLE FL 32256 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9995 Gate Parkway, Ste 400
Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEVEN C. KOEGLER
10151 DEERWOOD PARK BLVD. BLDG. 100, #410
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9995 Gate Parkway, Ste 400
Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
SISSelman, STEVEN M
233 NEEDHAM ST #300
NEWTON MA 02464 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9995 Gate Parkway, Ste 400
Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Sect. 2/19/03 (904) 996-8800

Date

Daytime Phone #

CR2E034 (10/02)