2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000045171** Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State CGR MANAGEMENT CORPORATION** 03-13-2000 90014 035 ***150.00 Mailing Address Principal Place of Business P.O. BOX 11448 5500 VILLAGE BLVD. W PALM BEACH FL 33407 W PALM BEACH FL 33419-1448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0757864 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F Delete TITLE CEO . Addition HENRY HILLENMEYER SEELBINDER, G.A. NAME NAME 5500 VILLAGE BLUD STREET ADDRESS STREET ADDRESS 5500 VILLAGE BLVD. CITY-ST-ZIP CITY-ST-7IP W PALM BEACH FL 33407 WEST PAIN BCH, FL 33407 ☐ Delete TITLE Addition TITLE MARK W. MKOSZ COCKBURN, GLENN W NAME NAME 3500 VILLAGE BLUD 5500 VILLAGE BLVD. STREET ADDRESS STREET ADDRESS WEST PALM-BCH, FL 33407. CITY-ST-ZIP. -CITY-ST-ZIP W PALM BEACH FL 33407 ☐ Change ☐ Addition **2** Delete TITLE TITLE PRITCHARD, PHILIP L NAME NAME STREET ADDRESS STREET ADDRESS 5500 VILLAGE BLVD. CITY-ST-ZIP W PALM BEACH FL 33407 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE EPPERSON. MARGARET & A. NAME NAME 5500 VILLAGE BLVD. STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME KOLLAT. DAVID L 5500 VILLAGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33407 CITY-ST-ZIP Change Addition Delete TITLE TIT) F ROBIN HOLDERMAN HOBSON, DAVID L NAME BLND 5500 YILLAGE STREET ADDRESS 5500 VILLAGE BLVD. STREET ADDRESS CITY-ST-7IP W PALM BEACH FL 33407 CITY-ST-ZIP WEST PALM BEACH F/ 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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.

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