## 2002 Uniform Business Report (UBR)

## Mar 29, 2002 8:00 am \( \frac{8}{2} \) DOCUMENT # P97000085955 **Secretary of State** 1. Entity Name 03-29-2002 90203 022 \*\*\*150 00 WURZBURG BOCA GREENS, INC. Principal Place of Business Mailing Address 700 JOHN RINGLING BLVD. 700 JOHN RINGLING BLVD. 313 N 313 N SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE) Number 65-0791764 Not Applicable Country Zip Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WURZBURG, A.H. Street Address (P.O. Box Number is Not Acceptable) **APT. N313** 700 JOHN RINGLING BLVD. SARASOTA FL 34236 Zip Code City 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. 1 SYGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE ☐ Change TITLE NAME wurzburg, hart STREET ADDRESS 700 JOHN RINGLING BLVD., APT. N313 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZiP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME WURZBURG, MINNA STREET ADDRESS STREET ADDRESS 700 JOHN RINGLING BLVD., APT. N313 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34236 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

13. Thereby 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 expowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01

Daytime Phone #