

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90004 027 ***150.00

DOCUMENT # P97000091357

1. Entity Name
FPH MANAGEMENT, INC.

Principal Place of Business

**501 E CAMONI REAL
 CORPORATE OFFICE
 BOCA RATON FL 33432
 US**

Mailing Address

**PO BOX 5025
 CORPORATE OFFICE
 BOCA RATON FL 33431
 US**

2. Principal Place of Business

501 E. Camino Real

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0792649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVE, 28TH FLOOR
 MIAMI FL 33131**

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.

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

TITLE NAME	P ROCHON, RICHARD C <input checked="" type="checkbox"/> Delete
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500
CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE NAME	VPD PIERCE, WILLIAM M <input type="checkbox"/> Delete
STREET ADDRESS	501 E CAMINO REAL
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE NAME	TVP DAURIA, STEVEN M <input type="checkbox"/> Delete
STREET ADDRESS	501 E CAMINO REAL
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE NAME	SVP HANDLEY, RICHARD L <input type="checkbox"/> Delete
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500
CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	P Feder, David S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	501 E. Camino Real
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Dauria

4/25/02

561-447-5300

Date

Daytime Phone #

CR2E034 (9/01)