

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90501 049 ***150.00

DOCUMENT # P97000096210

1. Entity Name

ST. AUGUSTINE RESORT DEVELOPMENT GROUP, INC.



Principal Place of Business

**920 THIRD AVE
NEW SMYRNA BEACH FL 32169**

Mailing Address

**115 LONG WHARF: POB 2000
NEWPORT RI 02840**

2. Principal Place of Business

8427 So. Park Cir.

Suite, Apt. #, etc.

3. Mailing Address

1 Campus Dr.

Suite, Apt. #, etc.

Legal Dept. 3B

City & State

Orlando FL

City & State

Parsippany NJ

Zip

32819

Country

Zip

07054

Country

4. FEI Number

59-3481715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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

TITLE **D** ☒ Delete
NAME **BREEDEN, RICHARD C**
STREET ADDRESS **115 LONG WHARF**
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE **D** ☒ Delete
NAME **HARRIS, R. PERRY**
STREET ADDRESS **115 LONG WHARF**
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE **D** ☒ Delete
NAME **HAMEL, THOMAS**
STREET ADDRESS **115 LONG WHARF**
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE **PS** ☒ Delete
NAME **WINKLER, RICHARD G**
STREET ADDRESS **115 LONG WHARF**
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE **VP** ☒ Delete
NAME **MERCURIO, JAMES**
STREET ADDRESS **115 LONG WHARF**
CITY-ST-ZIP **NEWPORT RI 02840**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **FRANZ HANNING**
STREET ADDRESS **8427 SO. PARK CIR.**
CITY-ST-ZIP **Orlando FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **Joseph Huber**
STREET ADDRESS **1 Campus Dr.**
CITY-ST-ZIP **Parsippany NJ**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **DUNCAN Crockett**
STREET ADDRESS **1 Campus Dr.**
CITY-ST-ZIP **Parsippany NJ**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **ERIC J. Beck**
STREET ADDRESS **1 Campus Dr.**
CITY-ST-ZIP **Parsippany NJ**

TITLE **Director** ☐ Change ☐ Addition
NAME **James Buckman**
STREET ADDRESS **1 Campus Dr.**
CITY-ST-ZIP **Parsippany NJ**

TITLE **Director** ☐ Change ☐ Addition
NAME **Stephen Holmes**
STREET ADDRESS **1 Campus Dr.**
CITY-ST-ZIP **Parsippany NJ**

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 Joseph Huber - VP. 2/20/03 973-428-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)