

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099293

1. Entity Name
AVENTURA/TOWN SQUARE, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90067 047 ***150.00

00034904



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~220 PONTE VEDRA PARK DR~~
~~STE 160~~
PONTE VEDRA BEACH FL 32082
US

Mailing Address
220 PONTE VEDRA PARK DR
STE 160
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business
10151 Deerwood Park Blvd
Suite, Apt. #, etc.
Bldg. 100, Suite 410
City & State
JACKSONVILLE, FL
Zip
32256
Country
US

3. Mailing Address
10151 Deerwood Park Blvd.
Suite, Apt. #, etc.
Bldg. 100, Ste 410
City & State
JACKSONVILLE FL
Zip
32256
Country
US

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
GOLDBERG, MARVIN H M D
220 PONTE VEDRA PARK DR STE 160
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent
Name
Steven C. Koeqler
Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
Bldg. 100, Suite 410
City
JACKSONVILLE FL
Zip Code
32256

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 Steven C. Koeqler 4/3/01
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, 2001 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 STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, MARVIN H 220 PONTE VEDRA PARK DR STE 160 PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRENKEL, RAISSA M 10151 DEERWOOD PARK BLVD B100 #410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOEGLER, STEVEN C 10151 DEERWOOD PARK BLVD B100 #410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SISSELMAN, STEVEN M 10151 DEERWOOD PARK BLVD B100 #410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD KAVALIEROS, THEODOROS I 10151 DEERWOOD APRK BLVD B 100 #410 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	107 Planters Row West	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven C. Koeqler 4/3/01 904-996-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)