

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90024 034 \*\*\*150.00

**DOCUMENT # P97000108774**

1. Entity Name  
**MEDINA ALF, INC.**

Principal Place of Business <b>1675 PALM BEACH LAKES BLVD., SUITE 1002  W. PALM BEACH FL 33401</b>	Mailing Address <b>1675 PALM BEACH LAKES BLVD., SUITE 1002  ATTN: JOHN ERBEY  W. PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0805102</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ERBEY, JOHN R**  
**1675 PALM BEACH LAKES BLVD., SUITE 1002**  
**W. PALM BEACH FL 33401**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>ERBEY, WILLIAM C</b> <b>1675 PALM BEACH LAKES BLVD., SUITE 1002</b> <b>W. PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REICH, CHRISTINE A</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RONALD M. FARIS</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>BARNES, JOHN R</b> <b>1675 PALM BEACH LAKES BLVD</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ERBEY, JOHN R.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b> <b>CZUCHANSKI, THOMAS J.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/CFO</b> <b>ZEIDMAN, MARK S.</b> <b>1675 PALM BEACH LAKES BLVD.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607, Florida Statutes, and 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:** *John R. Barnes* **JOHN R. BARNES, SENIOR VP,** **1/28/02** **561-682-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc# P97000168774

413367

**EXHIBIT A**

**Directors**

**William C. Erbey**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

**Officers**

**William C. Erbey**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

Chairman and Chief Executive Officer

**Ronald M. Faris**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

President

**John R. Erbey**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

Secretary

**John R. Barnes**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

Senior Vice President

**Mark S. Zeidman**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

Senior Vice President and Chief Financial Officer

**William B. Shepro**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

Senior Vice President

**Thomas J. Czochanski**  
1675 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

Vice President and Treasurer