

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0406202 AV

DOCUMENT # P98000004440

1. Entity Name
V.F. SANCTUARY RIDGE, INC.



FILED

03 APR 25 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

Mailing Address
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0811328

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

7. Name and Address of New Registered Agent

DEUTCH, JEFFREY A
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME POMERANTZ, SAUL ☒ Delete
STREET ADDRESS 8600 DECARIE BLVD., STE 200
CITY-ST-ZIP TOWN OF MOUNT ROYAL, QC

TITLE PD ☐ Change ☒ Addition
NAME POMERANTZ, ALICE
STREET ADDRESS 8600 DECARIE BLVD, SUITE 200
CITY-ST-ZIP TOWN OF MOUNT ROYAL, QC H4P 2N2

TITLE TVD
NAME GATTINGER, FRANKLIN J ☐ Delete
STREET ADDRESS 8600 DECARIE BLVD., STE 200
CITY-ST-ZIP TOWN OF MOUNT ROYAL, QC

TITLE CEO, D, S ☐ Change ☒ Addition
NAME POMERANTZ, TERRY
STREET ADDRESS 8600 DECARIE BLVD, SUITE 200
CITY-ST-ZIP TOWN OF MOUNT ROYAL, QC H4P 2N2

TITLE ASD
NAME ESPOSITO, RALPH JR ☐ Delete
STREET ADDRESS 8600 DECARIE #200
CITY-ST-ZIP MT ROYAL, QC, CANADA

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300018464868
05/07/03--01102--001 **5000.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE: SIGNATURE REQUIRED (RAPHAEL) ESPOSITO JR. 2003-04-07 (514) 341-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)