

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0263366 AV

DOCUMENT # P98000008329

1. Entity Name  
REEDY CREEK MITIGATION, INC.



FILED

03 MAY -1 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

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 65-0848105

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

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]*  
Signature, typed or printed name of registered agent and title if applicable.

AMADA CANTERA LOPEZ, President 4-30-03

(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 P  
NAME KEITHNER, BRUCE W  
STREET ADDRESS 901 NORTHPOINT PARKWAY, #108  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE  
NAME KEIHNER, BRUCE W  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP  
NAME BADER, GEORG  
STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 500  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME CARTAYA, LIDIA  
STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 500  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CONRADI, AXEL  
STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 500  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE- PRESIDENT  
NAME CARLOS LOPEZ- CANTERA  
STREET ADDRESS 2199 PONCE DE LEON BLVD. STE 200  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

Daytime Phone #

CR2E034 (10/02)