

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90306 008 ***150.00

DOCUMENT # P98000019150

1. Entity Name

FINISTERRA MANAGEMENT COMPANY

Principal Place of Business

**101 OLD FERRY ROAD
 SHALIMAR FL**

Mailing Address

**101 OLD FERRY ROAD
 SHALIMAR FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NEWMAN, RAYMOND F JR.
 348 MIRACLE STRIP PARKWAY S.W.
 SUITE 7
 FORT WALTON BEACH FL 32548**

Name

Street Address

City

SIGNATURE

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

(NOTE: Registered Agent signature)

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, 2002 Fee will be \$550
 Make Check Payable to Department of**

11. OFFICERS AND DIRECTORS

12.

TITLE NAME ☐ Delete
**PD RICHARDS, ROBERT
 7640 COMMODORE CIRCLE
 LIVERPOOL NY 13090**

TITLE NAME ☐ Delete
**VP SMITH, WILLIAM MR
 4935 E CA HWY 399
 SEAGROVE BEACH FL 32459**

TITLE NAME ☒ Delete
**ST WATSON, PATRICIA
 101 OLD FERRY ROAD ISC
 SHALIMAR FL 32579**

TITLE NAME ☐ Delete
**D FAUST, CHARLES DR
 5 LARA COURT
 JOHNSON CITY TN 37604**

TITLE NAME ☒ Delete
**D DOREY, MICHAEL
 9 LANTERN COURT BAYSHORE VILLAGE
 PR BRECHIN, CANADA CA LOK- 1B0**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
**Dr. Charles Faust
 5 LARA COURT
 JOHNSON CITY TN 37604**

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

TITLE NAME ☐ Change ☐ Addition
**ST BART LOVE
 101 OLD FERRY RD # 32B
 SHALIMAR FL 32579**

TITLE NAME ☐ Change ☐ Addition
**D ROBERT RICHARDS
 7640 COMMODORE CIRCLE
 LIVER POOL NY 13090**

TITLE NAME ☐ Change ☐ Addition
**D PATRICIA WATSON
 101 OLD FERRY RD # 15C
 SHALIMAR FL 32579**

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
 Date

(850) 651 3222
 Daytime Phone #

CR2E034 (9/01)