

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91439 044 ***150.00

DOCUMENT # P98000023619

1. Entity Name
WLD SAWGRASS CAMPUS E BUILDING, INC.



Principal Place of Business **Mailing Address**
401 E LAS OLAS BLVD #2200 **3LVD**
FT. LAUDERDALE, FL 33301 **3301**

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Zip **Country** **Zip** **Country**



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0022000** **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**
HORVITZ, DAVID W **Name**
401 E LAS OLAS BLVD #2200 **Street Address (P.O. Box Number is Not Acceptable)**
FT. LAUDERDALE, FL 33301 **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** **9. Election Campaign Financing** **\$5.00 May Be**
Make Check Payable to Florida Department of State **Trust Fund Contribution.** **Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	401 E LAS OLAS BLVD #2200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVITZ, DAVID W		NAME	FT. LAUDERDALE, FL 33301	
STREET ADDRESS	450 E LAS OLAS BLVD 900		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	401 E LAS OLAS BLVD #2200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, MELVIN F		NAME	FT. LAUDERDALE, FL 33301	
STREET ADDRESS	450 E LAS OLAS BLVD 900		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	401 E LAS OLAS BLVD #2200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, LINDA H		NAME	FT. LAUDERDALE, FL 33301	
STREET ADDRESS	450 E LAS OLAS BLVD. SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	401 E LAS OLAS BLVD #2200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCK, ROBERT J		NAME	FT. LAUDERDALE, FL 33301	
STREET ADDRESS	450 E LAS OLAS BLVD. SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	401 E LAS OLAS BLVD #2200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, VIRGINIA J		NAME	FT. LAUDERDALE, FL 33301	
STREET ADDRESS	450 E LAS OLAS BLVD. SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED** **Signature and typed or printed name of signing officer or director** **DATE** **Daytime Phone #**

CR2E034 (10/02)