

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91793 039 \*\*\*150.00

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**DOCUMENT # P98000025825**

1. Entity Name  
**VALENCIA RIVER REALTY CORP.**



Principal Place of Business  
**ROSEN DEVELOPMENT GROUP, INC.**  
**560 MAMARONECK AVENUE**  
**HARRISON NY 10528**

Mailing Address  
**2250 AVENIDA DEL VERA**  
**N. FT. MYERS FL 33917**



2. Principal Place of Business

3. Mailing Address

**2250 Avenida Del Vera**

Suite, Apt. #, etc.

City & State

City & State

**N. Ft. Myers FL**

Zip  
**33917**

Country

Zip

Country

4. FEI Number **58-2386104**

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

**CALLAHAN, W S ESQ**  
**37 NORTH ORANGE AVENUE**  
**STE 200**  
**ORLANDO FL 32801**

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSEN, MICHAEL E</b>	
STREET ADDRESS	<b>2250 AVENIDA DEL VERA</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, DAVE</b>	
STREET ADDRESS	<b>C/O 2250 AVENIDA DEL VERA</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33917</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CORDELLO, DOUG</b>	
STREET ADDRESS	<b>2250 AVENIDA DEL VERA</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

**239-731-4538**  
Date Daytime Phone #

CR2E034 (10/02)