## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

4500 RIVERSIDE DRIVE

PALM BEACH GARDENS FL 33410

## P98000048024 **DOCUMENT #**

1. Entity Name

Principal Place of Business

PALM BEACH GARDENS FL 33410

4500 RIVERSIDE DRIVE

ANSPACH MANAGEMENT, INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90120 021 \*\*\*150.00

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Muo.	

2. Principal F	pal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State City & State				4. FEI Number 65-0837240 Applied For Not Applicat			•	
Zip	Zip Country Zip		Country		5. Certificate of Status Desired	\$8.75 Ada	ditional	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registe	red Agent		
BEERS, ELAINE K				Name				
	4500 RIVERSIDE DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
	ACH GARDENS FL 33410							
PALIN DEA	ACH GARDENS FE 35410							
			City			FL Zip Cod	е	
the obliga	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent as:  EILE NOW!!! FEE IS \$150.00			signature required wh	ien reinstating) D.	DATE		
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing     Trust Fund Contribution.	· <u> </u>	May Be I to Fees	
10.	OFFICERS AND (	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANSPACH, WILIAM E JR 4500 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDR	ESS C		<b>★</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WACHTER, WILLIAM H 4500 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	CEO		<b>⊠</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEERS, ELAINE K 4500 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	VP -	F&A	<b>⊠</b> Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	and the second content of the second	~_ □. Deleie	NAME STREET ADDRE	SS 4500	BD RITY, CHARLES E RIVERSIDE DRIVE BEACH GARDENS FL 3341	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRI	SS 4500	R&D CH, WILLIAM E, III RIVERSIDE DRIVE BEACH GARDENS.FL 3341	, 🗌 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Đelete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss <b>4500</b> :	INT'1 CLEMENT RIVERSIDE DRIVE BEACH GARDENS FL 3341	☐ Change	Addition	
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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 that an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03

Date

(561) 627-1080