

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90126 034 ***158.75

DOCUMENT # P99000070007

1. Entity Name
BRECKENRIDGE COMMONS, INC.



Principal Place of Business
615 CRESCENT EXECUTIVE COURT, STE. 120
LAKE MARY FL 32746

Mailing Address
615 CRESCENT EXECUTIVE COURT, STE. 120
LAKE MARY FL 32746

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 **59-3594368**

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

GRAY, N. DWAYNE JR.
GREENSPOON, MARDER, HIRSCHFELD ET AL
135 W. CENTRAL BLVD., STE. 1100
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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BORCK, TODD L**
STREET ADDRESS **615 CRESCENT EXECUTIVE COURT, STE. 120**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **DVT** ☒ Change ☐ Addition
NAME **Borck, Todd L**
STREET ADDRESS **615 Crescent Executive Ct, Ste 120**
CITY-ST-ZIP **Lake Mary FL 32746**

TITLE **D** ☐ Delete
NAME **WOLF, JONATHAN L**
STREET ADDRESS **615 CRESCENT EXECUTIVE COURT, STE. 120**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **DPS** ☒ Change ☐ Addition
NAME **Wolf, Jonathan L**
STREET ADDRESS **615 Crescent Executive Ct, Ste 120**
CITY-ST-ZIP **Lake Mary FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Todd L. Borck **1/8/03** **407-333-3233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)