

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90050 026 ***150.00

DOCUMENT # P99000071353

1. Entity Name

COCONUT GROVE HOTEL DEVELOPMENT, INC.

Principal Place of Business

110 EAST HILLCREST STREET
 ORLANDO FL 32801

Mailing Address

110 EAST HILLCREST STREET
 ORLANDO FL 32801-1210

2. Principal Place of Business

4380 PGA Blvd.
 Suite, Apt. #, etc.
 101

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Palm Beach Gardens, FL

City & State

Palm Beach, FL

Zip
 33410

Country
 USA

Zip

Country

4. FEI Number

65-0943385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAHAM, DAVID W
 110 EAST HILLCREST STREET
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name MARK H. MIRKIN
 Street Address (B.O. Box Number is Not Acceptable)
 90 MIRKIN & WOOD, P.A.
 1700 Palm Beach Lakes Blvd. #580
 City W. Palm Beach FL Zip Code 33401

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.

SIGNATURE Mark H. Mirkin
 Signature, typed or printed name of registered agent and title if applicable.

MARK H. MIRKIN

2/4/00

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, DAVID W	
STREET ADDRESS	110 EAST HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY S. BRUMLIK	
STREET ADDRESS	4380 PGA Blvd. #101	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D, VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT T. JONES	
STREET ADDRESS	4380 PGA Blvd. #101	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Robert T. Jones ROBERT T. JONES 4/21/2000 561 625 0940
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #