

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090282

1. Entity Name

BRI EDGEWATER MANAGEMENT, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90133 012 ***150.00

Principal Place of Business

Mailing Address

450 EAST LAS OLAS BLVD., SUITE 1400
FORT LAUDERDALE FL 33301

450 EAST LAS OLAS BLVD., SUITE 1400
FORT LAUDERDALE FL 33301-4206

2. Principal Place of Business

501 E. Camino Real

3. Mailing Address

P. O. Box 5025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Corporate Office

Corporate Office

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Zip

33431

Country

4. FEI Number

65-0961922

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

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Rochon, Richard C.
CITY-ST-ZIP 450 E. Las Olas Blvd., #1500
Ft. Lauderdale, FL 33301

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS Pierce, William M.
CITY-ST-ZIP 501 E. Camino Real
Boca Raton, FL 33432

TITLE ☐ Change ☒ Addition
NAME VS
STREET ADDRESS Handley, Richard L.
CITY-ST-ZIP 450 E. Las Olas Blvd., #1500
Ft. Lauderdale, FL 33301

TITLE ☐ Change ☒ Addition
NAME VT
STREET ADDRESS Dauria, Steven M.
CITY-ST-ZIP 501 E. Camino Real
Boca Raton, FL 33432

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

TITLE ☐ Change ☐ 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:

Signature and Typed or Printed Name of Signing Officer or Director
Steven M. Dauria

Date

4-28-00

Daytime Phone #

561-447-5300

CR2E034 (9/99)