

# 2002 UNIFORM BUSINESS REPORT (UBR)

0571243 AV

DOCUMENT # **S28483**

1. Entity Name  
**RED & TAN OF BOCA, INC.**

APPROVED  
AND  
FILED

02 FEB -8 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**437 TONNELE AVE  
JERSEY CITY NJ 07306**

Mailing Address  
**ONE RIVERWAY  
STE 500  
HOUSTON TX 77056  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number **65-0240635**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

## 7. Name and Address of New Registered Agent

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, 2002 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 **DVPS** ☐ Delete  
NAME **LONGO, ROBERT E**  
STREET ADDRESS **ONE RIVERWAY STE500**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **D.** ☐ Delete  
NAME **BELL, LINDA**  
STREET ADDRESS **ONE RIVERWAY STE 500**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **VPCS** ☐ Delete  
NAME **FINLEY, LORI G**  
STREET ADDRESS **126 N WASHINGTON AVE**  
CITY-ST-ZIP **BERGENFIELD NJ 07621**

TITLE **TACS** ☒ Delete  
NAME **REYES, STEPHANIE**  
STREET ADDRESS **ONE RIVERWAY STE 500**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **DCEO** ☒ Delete  
NAME **GALLAGHER, FRANK**  
STREET ADDRESS **ONE RIVERWAY STE 500**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☐ Change ☒ Addition  
NAME **DAVID Young**  
STREET ADDRESS **One Riverway, Ste 500**  
CITY-ST-ZIP **Houston TX 77056**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **800004897248--5**

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

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: Shayne A. Rosecrans **Shayne A. Rosecrans** 01-23-02 713 888 0104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : February 7, 2002

ORDER TIME : 11:57 AM

ORDER NO. : 419083-190

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans  
Coach Usa  
One Riverway  
Suite 500  
Houston, TX 770561903

ANNUAL REPORT FILING

NAME: RED & TAN OF BOCA, INC.

RECEIVED  
02 FEB -8 PM 1:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: \_\_\_\_\_