

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91109 049 \*\*\*150.00

**DOCUMENT # V38986**

1. Entity Name  
**CANEEL BAY MANAGEMENT, INC.**



Principal Place of Business  
**4440 PGA BLVD.  
SUITE 402  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address  
**1 RICHMOND SQUARE  
STE 100C  
PROVIDENCE RI 02906  
US**

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 **65-0334447**

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

**SCHEIN, HAROLD I.  
C/O WOLLETT & ASSOCIATES, P. A.  
4440 PGA BLVD STE 402  
PALM BEACH GARDENS FL 33410**

Name  
**Harold I. Schein**  
Street Address (P.O. Box Number is Not Acceptable)  
**Frenchman's Creek  
13844 Le Bateau Isle**  
City  
**Palm Beach Gardens, FL** Zip Code  
**33410**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/03**

**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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHEIN, HAROLD	
STREET ADDRESS	1 RICHMOND SQUARE	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VPDT	<input type="checkbox"/> Delete
NAME	SCHEIN, PHILIP	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHEIN, MICHAEL	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHEIN-FONTAINE, LESLIE	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEIN, MICHAEL	
STREET ADDRESS	125 HARSHORN ROAD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHEIN, HAROLD I	
STREET ADDRESS	1 RICHMOND SQUARE	
CITY-ST-ZIP	PROVIDENCE RI 02906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 Richmond Square	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 Richmond Square	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 Richmond Square	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 Richmond Square	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Harold I. Schein** **1/14/03** **(401) 521-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)