

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90846 001 ***450.00

0369074 AV

DOCUMENT # V56826

1. Entity Name
FLORIDA BRECKENRIDGE, INC.

Principal Place of Business
**1141 S ROGERS CIRCLE
SUITE 3
BOCA RATON FL 33487**

Mailing Address
**P.O. BOX 206
BOCA RATON FL 33429**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1141 S. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

33487

Country

USA

4. FEI Number

65-0352825

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

**RUNSDORF, LAURENCE D
1141 S ROGERS CIRCLE STE 3
BOCA RATON FL 32487**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNSDORF, LAURENCE D. 1141 S ROGER CIRCLE STE 3 BOCA RATON FL 33487	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

LAURENCE D. RUNSDORF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/02 561 443 3314

CR2E034 (9/01)