

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90324 024 \*\*\*\*61.25

**DOCUMENT # 707432**

1. Entity Name

**BOCA RATON HEIGHTS APARTMENTS INC**

Principal Place of Business

**444 WEST PALMETTO PARK ROAD  
APT. A-103  
BOCA RATON FL 33432-3682**

Mailing Address

**444 WEST PALMETTO PARK ROAD  
APT. A-103  
BOCA RATON FL 33432-3682**

**00030146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7389921**

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

**BRACKEN, MARY  
444 W. PALMETTO PARK RD.  
APT D-101  
BOCA RATON FL 33432**

Name

**Mrs. Ruth Seaman**

Street Address (P.O. Box Number is Not Acceptable)

**444 W. Palmetto Park Rd. - Apt. D-102**

City

**Boca Raton**

**FL**

Zip Code  
**33432**

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

*Ruth Seaman*

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

(NOTE: Registered Agent signature required when reinstating)

**4/22/01**  
DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Mako Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **PEPE, JOHN**  
STREET ADDRESS **444 W PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VD** ☐ Delete  
NAME **BECKMAN, WILLIAM**  
STREET ADDRESS **444 W PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VD** ☐ Delete  
NAME **HADFIELD, JOSEPH**  
STREET ADDRESS **444 2 PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **PD** ☐ Delete  
NAME **RISSEL, CLAIR J.**  
STREET ADDRESS **444 W PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VD** ☐ Delete  
NAME **HALL, HAROLD**  
STREET ADDRESS **444 W PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **T** ☒ Delete  
NAME **BRACKEN, MARY**  
STREET ADDRESS **444 W PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Ruth Seaman**  
STREET ADDRESS **444 W. Palmetto Park Rd.**  
CITY-ST-ZIP **Boca Raton, FL. 33432**

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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(561) 268-3743**

CR2E037 (10/00)