

# 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

Mailing Address

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

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

0030146



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	<input type="checkbox"/> Delete
NAME	PEPE, JOHN	
STREET ADDRESS	444 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BECKMAN, WILLIAM	
STREET ADDRESS	444 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HADFIELD, JOSEPH	
STREET ADDRESS	444 2 PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RISSEL, CLAIR J.	
STREET ADDRESS	444 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, HAROLD	
STREET ADDRESS	444 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRACKEN, MARY	
STREET ADDRESS	444 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	

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

**(561) 268-2783**  
 Daytime Phone #

CR2E037 (10/00)