

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90057 010 \*\*\*\*61.25

**DOCUMENT # 708618**

1. Entity Name  
**1500 CORAL TOWERS CONDOMINIUM, INC.**

Principal Place of Business      Mailing Address  
**1500 N. E. 127TH STREET**      **1500 N. E. 127TH STREET**  
**NORTH MIAMI FL 33161**      **NORTH MIAMI FL 33161-5243**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-1118683**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, EVELYN**  
**1500 NE 127TH STREET**  
**#305**  
**N MIAMI FL 33161**

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: *Evelyn Jones*  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SWARTZBAUGH, JASON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1500 NE 127TH ST	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE NAME	D ESPINOSA, JAVIER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1500 N.E. 127ST	
CITY-ST-ZIP	N. MIAMI FL	
TITLE NAME	VD MCGEORGE, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1500 NE 127TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE NAME	D GARDNER, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1500 NE 127TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. POSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Pres. EVELYN JONES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP MARY GARDNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Pres. CHARLES W ROSS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Sec. MARY FREEMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ANTOINE GILLES	
CITY-ST-ZIP		
TITLE NAME	All of the Above	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Reside At 1500 NE 127TH ST	
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 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: *Evelyn Jones*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: *Apr-27-2000*      Daytime Phone #: *305 891-1142*

CR2E037 (9/99)