

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712350

1. Entity Name

SOUTH LEISURE BY THE SEA ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90110 009 ****61.25

Principal Place of Business Mailing Address
224 HIBISCUS AVE 224 HIBISCUS AVE
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308-5491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1147906		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF P.A. 3111 STIRLING RD. FT. LAUDERDALE FL 33308		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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MCMANUS, JOSEPH STREET ADDRESS 234 HIBISCUS AVE, #263 CITY-ST-ZIP LAUD BY THE SEA FL	<input checked="" type="checkbox"/> Delete	TITLE ASD JANET FOLKMAN NAME STREET ADDRESS 224 HIBISCUS AVE APT 160 CITY-ST-ZIP LAUD BY THE SEA FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MURRAY, MABEL STREET ADDRESS 234 HIBISCUS AVE CITY-ST-ZIP LAUD BY THE SEA, FL00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASD PD NAME MURRAY, JOSEPH STREET ADDRESS 234 HIBISCUS AVENUE, APT. 265 CITY-ST-ZIP LAUD BY THE SEA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RICCIUTI, LORRAINE STREET ADDRESS 234 HIBISCUS AVENUE, APT. 172 CITY-ST-ZIP LAUD BY THE SEA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME HENDRY, DUNCAN STREET ADDRESS 234 HIBISCUS AVE, #370 CITY-ST-ZIP LAUD BY THE SEA FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MABEL MURRAY 2-4-00 772-4762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)