

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90273 005 \*\*\*\*61.25

**DOCUMENT # 713079**

1. Entity Name

**THE GALLEON CONDOMINIUM APARTMENTS, INC.**

Principal Place of Business

Mailing Address

4100 GALT OCEAN DR.  
 FT. LAUDERDALE FL 33308

4100 GALT OCEAN DR.  
 FT. LAUDERDALE FL 33308-6002

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1169594**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARWOOD, EDWARD**  
**4100 GALT OCEAN DR**  
**#614**  
**FT LAUDERDALE FL 33308**

Name

**SAME**

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

*Edward Harwood*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/2000**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARWOOD, EDWARD</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE #614</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHIRILLO, JACK</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE, #605</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERMAN, PHILIP</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DR #403</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HENNEN, JOHN</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE #509</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MALLON, ROSE ELLEN</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE #811</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRENNER, SIGMUND</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DR #901</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERSIANI, VINCENT</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE, #211</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDS, JAMES</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE, #203</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BREWER, WALLACE</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DRIVE, #1606</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
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		

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:

*Edward Harwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/2000**

Date

**563-2497**

Daytime Phone #

CR2E037 (9/99)