## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am Secretary of State **DOCUMENT # 721176** 1. Entity Name BOCA REEF ASSOCIATION, INC. 03-14-2000 90052 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 3051 S. OCEAN BLVD. 1215 E HILLSBORO BLVD **BOCA RATON FL 33432 DEERFIELD FL 33441-4203** RUUKHUDU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1383226 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAMPBELL PROPERTY/MR. BRUCE CAMPBELL 1233 E. HILLSBORO BLVD. **DEERFIELD BEACH FL 33441** Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition CR2E037 (9/99 □ Delete TITLE TITLE MANWARING MANWARINO, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 3051 S OCEAN BLVD 207 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change Addition TITLE STD Delete TITLE NAME REMNETT SHAPLES. NAME STREET ADDRESS STREET ADDRESS 3051 S OCEAN BLVD, #302 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change Addition ☐ Delete TITLE TITLE NAME NICRO, JOAN STREET ADDRESS STREET ADDRESS 3051 S OCEAN BLVD 405 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** FERRO, JOHN 3951 5, OCEAN BLUD # 108 Change Addition ☐ Delete TITLE TITLE NAME NAME FERRO, JOHN STREET ADDRESS STREET ADDRESS 3051 S OCEAN BLVD. #108 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME OCEAN BLVd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SIGNATURE:** 

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

3.9.00

Daytime Phone #

☐ Change Addition