2000 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
May 11, 2000 8:00 am
Secretary of State
02-25-2000 90013 035 ****61.25

DOCUMENT # 725554

1. Entity Name

SECTION TEN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6724 NW 61 STREET TAMARAC FL 33321-5619	6724 NW 61 STREET TAMARAC FL 33321-5619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
AS Above	AS Above
Suite, Apt. #, etc. Section 10 Assoc.	Suite, Apt. #, etc. 6724 N.W. 61st St.
City & State 6724 N.W. 61st St. Tamarac FL	City & State Tamarac. Fl.
Zip 33321 Country ~~Tamarac~~ U.SA.	Zip 33321 Country USA

4. FEI Number 23-7320950 ☐ 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
KARR, NORMAN 5902 NE 71ST AVE TAMARAC FL 33321 D	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 Clarence Hewitt Treasurer 3/16/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEWITT, CLARENCE 6006 NW 70 AVE TAMARAC FL 33321 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRIS, BOB 5904 NW 67 AVE TAMARAC FL 33321 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLAKE, JOHN 7204 NW 59 ST TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD REISS, JOAN 6105 NW 69 AVE TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	George Bates 6716 N.W. 59th St. Tamarac. Fl. 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZAVASNICK, VIRGINIA 6109 NW 69 AVE TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gloria LeGette 7205 N.W. 59th St. Tamarac, Fl. 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 Clarence Hewitt-Treasurer 3/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #