

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-13-2002 90077 039 ****61.25

DOCUMENT # 725554

1. Entity Name

SECTION TEN ASSOCIATION, INC.

Principal Place of Business

6724 NW 61 STREET
SECTION 10 ASSOC.
TAMARAC FL 33321-5619

Mailing Address

6724 NW 61 STREET
SECTION 10 ASSOC.
TAMARAC FL 33321-5619

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

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

Name

Reiss, Joan

Street Address (P.O. Box Number is Not Acceptable)

6105 NW 69 Avenue

City

Tamarac

FL

Zip Code
33321

**KARR, NORMAN
5902 NE 71ST AVE
TAMARAC FL 33321**

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]

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

(NOTE: Registered Agent signature required when reinstating)

April 2, 2002

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	T	☐ Delete
NAME	BEYER, SOPHIE	
STREET ADDRESS	6806 N.W. 59TH ST.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PDP	☐ Delete
NAME	DILLON, FRANCIS	
STREET ADDRESS	6809 N.W. 81ST.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PVP	☐ Delete
NAME	MAROTTA, ANTHONY	
STREET ADDRESS	6713 N.W. 61ST ST.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SVPD	☐ Delete
NAME	ARNOLD, WARREN	
STREET ADDRESS	6701 N.W. 81ST ST.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	☐ Delete
NAME	HERON, AMY	
STREET ADDRESS	6000 N.W. 66 TERR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☒ Change ☐ Addition
NAME	Miller, Melissa	
STREET ADDRESS	6110 NW 72 Avenue	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	PDP	☒ Change ☐ Addition
NAME	Reiss, Alex	
STREET ADDRESS	6105 NW 69 Avenue	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	PVP	☒ Change ☐ Addition
NAME	Marks, Murray	
STREET ADDRESS	5816 NW 70 Avenue	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	SVPD	☒ Change ☐ Addition
NAME	Reiss, Joan	
STREET ADDRESS	6105 NW 69 Avenue	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	S	☒ Change ☐ Addition
NAME	Breitstein, June	
STREET ADDRESS	6713 NW 59 Street	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 27, 2002

Date

954-726-2060

Daytime Phone #

CR2E037 (9/01)