## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATU

RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 726120 1. Entity Name L'AS VISTA IN INVERRARY CONDOMINIUM ASSOCIATION. 03-21-2000 90096 009 \*\*\*\*61.25 Mailing Address Principal Place of Business 3533 INVERRARY DRIVE 3533 INVERRARY DRIVE LAUDERHILL FL 33319-5921 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEL Number City & State 59-1521834 Not Applicable \$8.75 Additional Zip Country Country П 5. Certificate of Status Desired Fee Required 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) PALIAKOFF, BECKER S 3111 STERLING RD FT LAUDERDALE FL 33312 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: 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 TITLE ☐ Addition ☐ Delete TITLE PD NAME NAME **EDWARD MILLER** 110 JI INVERCARY DR STREET ADDRESS STREET ADDRESS 3521 INVERRARY DR J202 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 Change ☐ Delete TITLE TITLE VD. NAME NAME HERMAN BENDER STREET ADDRESS STREET ADDRESS 3571 INVERRARY DR CITY-ST-ZIP CITY-ST-ZIE Lauderhill fl 333<u>19</u> 120 CE CHANGE ☐ Delete TITLE TITLE VPD. NAME NAME IRWIN LEHMANN STREET ADDRESS STREET ADDRESS 3501 INVERRARY DR L104 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL Change ■ Addition ☐ Delete TITLE TITLE SD NAME NAME FRANCES ROSE STREET ADDRESS STREET ADDRESS 3501 INVERRARY DR L205 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete ☐ Addition TITLE TITLE NAME NAME JACK JACOBS STREET ADDRESS STREET ADDRESS 3551 INVERRARY DR F110 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 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

Daytime Phone #