

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90021 049 \*\*\*\*61.25

DOCUMENT # 727597

1. Entity Name

FORSYTHE COLONY MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% L. MILLER  
7100 N. W. 76TH ST.  
TAMARAC FL 33321-5145

% L. MILLER  
7100 N. W. 76TH ST.  
TAMARAC FL 33321-5145

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

59-1490563

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

MILLER, LEO  
7100 N. W. 76TH ST.  
TAMARAC FL 33321

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

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	TD	<input type="checkbox"/> Delete
NAME	MILLER, LEO	
STREET ADDRESS	7418 NW 71ST AVE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLACH, SOL	
STREET ADDRESS	7422 NW 66TH TERR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIRONE, JOHN	
STREET ADDRESS	6605 NW 74TH PLACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABATIello, BARBARA	
STREET ADDRESS	7109 NW 75TH ST.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KORSCHUN, BERNARD	
STREET ADDRESS	6606 N.W. 75TH STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENBLATT, SHIRLEY	
STREET ADDRESS	7419 N.W. 72ND TERRACE	
CITY-ST-ZIP	TAMARAC, FL 00000	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISZ, BELA	
STREET ADDRESS	6802 N.W. 75th COURT	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANAZARO, DOMINIC	
STREET ADDRESS	7203 N.W. 75th COURT	
CITY-ST-ZIP	TAMARAC, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGLIANO, ANDREW	
STREET ADDRESS	7500 N.W. 72nd TERRACE	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABOS, FRANK	
STREET ADDRESS	7510 N.W. 71st AVENUE	
CITY-ST-ZIP	TAMARAC, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LEO MILLER, Treasurer

Date

Daytime Phone #

2/15/00 (954) 721-0163

CR2E037 (9/99)