

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90018 037 ****61.25

DOCUMENT # 728492

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 6, INC.

Principal Place of Business

Mailing Address

6699 N.W. 2ND AVENUE
 BOCA RATON FL 33487

6699 N.W. 2ND AVENUE
 BOCA RATON FL 33487-3083

A0003664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1473556

Applied For

Not Applied For

Zip

Country

Zip

Country

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

STARR, G.R
6699 NW 2 AVE
BOCA RATON FL 33487

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	P	<input type="checkbox"/> Delete
NAME	KRAUSE, GERTRUDE	
STREET ADDRESS	250 NW 67 ST	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JANOWITZ, JULIAN	
STREET ADDRESS	6699 NW 2ND AVE 116	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	S.	<input type="checkbox"/> Delete
NAME	SIMMONS, MYRA	
STREET ADDRESS	6661 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEISS, PAUL	
STREET ADDRESS	6699 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOBIN, JOSHUA	
STREET ADDRESS	6661 NW 2ND PHA	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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 a process, with all other like empowered.

SIGNATURE:

Signature of G.R. Starr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 561 994-025

Date

Daytime Phone #