

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90100 036 \*\*\*\*61.25

**DOCUMENT # 728514**

1. Entity Name

**QUAIL RUN OF SUNRISE UNIT ONE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7500 N.W. 30TH PLACE  
 APT. 124  
 SUNRISE FL 33313

7500 N.W. 30TH PLACE  
 APT. 124  
 SUNRISE FL 33313

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

**59-1593034**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVIN, CHERYL J**  
**COURTYARD BUSINESS CENTER**  
**4694 NW 103RD AVENUE**  
**SUNRISE FL 33351-7970**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	MILANO, ANTHONY	7500 N.W. 30TH PLACE, APT. 124	SUNRISE FL 33313	<input type="checkbox"/>	P	MILANO, ANTHONY	7500 N.W. 30TH PLACE, APT. 124	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
V	GIVENS, DAVID	7500 N.W. 30TH PLACE, APT. 106	SUNRISE FL 33313	<input type="checkbox"/>	V.P.	GIVENS, DAVID	7500 N.W. 30TH PLACE, APT. 106	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
DS	HERMAN, BESS	7500 N.W. 30TH PLACE, APT. 322	SUNRISE FL 33313	<input type="checkbox"/>	DS	HERMAN, BESS	7500 N.W. 30TH PLACE, APT. 322	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
D	HANDBURG, MAURISE	7502 N.W. 30TH PLACE, APT. 216	SUNRISE FL 33313	<input type="checkbox"/>	D	HANDBURG, MAURISE	7502 N.W. 30TH PLACE, APT. 216	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
D	CARLISI, SALVATORE	7500 NW 30TH PLACE, APT. 404	SUNRISE FL 33313	<input type="checkbox"/>	D	CARLISI, SALVATORE	7500 NW 30TH PLACE, APT. 404	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

*[Handwritten Signature]* **9/25/02 954/572-411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)