

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90153 041 ****61.25

DOCUMENT # 729112

1. Entity Name

GOLF MANOR CONDOMINIUM BUILDING "B", INC.

Principal Place of Business GOLF MANOR CONDO ASSOCIATION 403 SW 148 AVE. #1 OR #4 PEMBROKE PINES FL 33027-1307 US	Mailing Address GOLF MANOR CONDO ASSOCIATION 403 SW 148 AVE. #1 OR #4 PEMBROKE PINES FL 33027-1307 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHAVEZ-PEDROSA, TERRY 403 SW 148TH AVE #4 PEMBROKE PINES FL 33027				Name TERRY PEDROSA			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code (All else is same)			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, TERRY 403 SW 148TH AVE #4 PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRY PEDROSA <input type="checkbox"/> Change <input type="checkbox"/> Addition ← all else is (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, LILLIAN 15211 LAUREL LANE NORTH PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTORREAL, SHIRLEY 403 S.W. 148TH AVENUE PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← PD #1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORSON, LEE 403 SW 148TH AVE #3 PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORSON, LEE <input type="checkbox"/> Change <input type="checkbox"/> Addition ← all else is (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTON, DONNA 403 SW 148TH AVE #6 PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **1/14/99** **954-433-4913**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #