## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Aug 29, 2001 8:00 am Secretary of State **DOCUMENT # 729112** 1. Entity Name 08-29-2001 90005 040 \*\*\*\*61.25 GOLF MANOR CONDOMINIUM BUILDING "B", INC. Principal Place of Business Mailing Address **GOLF MANOR CONDO ASSOCIATION** GOLF MANOR CONDO ASSOCIATION UUUUUAUIU403 SW 148 AVE. #2 403 SW 148 AVE. #2 PEMBROKE PINES FL 33027-1307 PEMBROKE PINES FL 33027-1307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4.- FEI Number Applied For-NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Illiam N Street Address (P.O. Box Number is Not Acceptable) BARRY, LILLIAN 1201 S. OCEAN DR. #2012 S HOLLYWOOD FL 33019 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) e of registered agent and title if applicable FILE NOW FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. -TITLE Delete TITLE ☐ Addition William N Worley #7 BARRY, ULLIAN NAME NAME STREET ADDRESS 1201 S. OCÈAN DR. 2012 S STREET ADDRESS Pembroke Pines FL 33027 CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP TIT! F Detete TITLE ☐ Addition WORLEY, WILLIAM ..... Ryan LULEY #11 NAME NAME STREET ADDRESS 103 S.W. 148 AVE. #7 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARRY, DAVID NAME NAME 1201 S. OCEAN DR. 2012 S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition ayda Gost we #8 GAUNTLETT, TRACEY NAME 403 SW 148TH AVE #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PORTORREAL, SHIRLEY NAME NAME STREET ADDRESS 403 SW 148TH AVE #1 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 suppl<del>emental report is true</del> 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 a content of the corporation of the co

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Sillian D Worlay SIGNATURE