

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735716

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 8, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90114 005 ****61.25

Principal Place of Business
C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

Mailing Address
C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8229
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1689831**
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SWATT, MYRON I
C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8290

7. Name and Address of New Registered Agent
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ABBOTT, MORTON	
STREET ADDRESS	6000 NW 2ND AVE, #333	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREEDMAN, JACK	
STREET ADDRESS	6200 NW 2ND AVE., #420	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZEILLER, GEORGE	
STREET ADDRESS	6300 NW 2ND AVE #210	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEINSTEIN, SARA	
STREET ADDRESS	6100 NW 2ND AVE #230	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADLER, REMO	
STREET ADDRESS	6000 NW 2ND AVE., #240	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, LEONARD	
STREET ADDRESS	6000 NW 2ND AVE., #439	
CITY-ST-ZIP	BOCA RATON FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loughlin, Bill	
STREET ADDRESS	6300 NW 2nd Ave, #401	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPO	<input checked="" 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	SEEWALD, Cecile	
STREET ADDRESS	6300 NW 2nd Ave #302	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muratore, John	
STREET ADDRESS	6200 NW 2nd Ave # 417	
CITY-ST-ZIP	BOCA RATON, FL 33487	

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: Jack A. Freedman 4/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)