

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

9813

DO NOT WRITE IN THIS SPACE

DOCUMENT # 736307  
 1. Entity Name UPMINSTER E COMMUNITARIAN ASSOC, INC.

Principal Place of Business 115 UPMINSTER E  
Deerfield Beach, FL 33442  
 Mailing Address P.O. Box 998  
Deerfield Beach, FL 33443

2. Principal Place of Business 115 UPMINSTER E  
 Suite, Apt. #, etc.  
 3. Mailing Address P.O. Box 998  
 Suite, Apt. #, etc.

City & State Deerfield Beach, FL  
 City & State Deerfield Beach, FL  
 Zip 33442 Country USA Zip 33443 Country USA

4. FEI Number 59-1905996  
 Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
JOSEPH WEINREB -  
115 UPMINSTER E  
Deerfield Beach, FL 33442

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 \_\_\_\_\_

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	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>JOSEPH WEINREB</u>	
STREET ADDRESS	<u>P.O. Box 998</u>	
CITY-ST-ZIP	<u>Deerfield Beach, FL 33443</u>	
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>SARAH WILKINSON</u>	
STREET ADDRESS	<u>98 UPMINSTER E</u>	
CITY-ST-ZIP	<u>Deerfield Beach, FL 33442</u>	
TITLE	<u>VICE PRESIDENT, SECRETARY</u>	<input type="checkbox"/> Delete
NAME	<u>LORELLA ROSSIGNOL</u>	
STREET ADDRESS	<u>223 UPMINSTER M</u>	
CITY-ST-ZIP	<u>Deerfield Beach, FL 33442</u>	
TITLE	<u>HAROLD PRIEST</u>	<input type="checkbox"/> Delete
NAME	<u>HAROLD PRIEST</u>	
STREET ADDRESS	<u>117 UPMINSTER E</u>	
CITY-ST-ZIP	<u>Deerfield Beach, FL 33442</u>	
TITLE	<u>VICE PRESIDENT</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>ROSE UPMINSTER</u>	
STREET ADDRESS	<u>109 UPMINSTER E</u>	
CITY-ST-ZIP	<u>Deerfield Beach, FL 33442</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>DIRECTOR</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>PAULA KUSTA</u>	
STREET ADDRESS	<u>112 UPMINSTER E</u>	
CITY-ST-ZIP	<u>Deerfield Beach, FL 33442</u>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: JOSEPH WEINREB, President 3/25/00 (954) 725-6114  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)