

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90324 001 15,006.25

**DOCUMENT # 737636**  
 1. Entity Name  
**RICHMOND "E" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**RICHMOND E-430**      **RICHMOND E-430**  
**DEERFIELD BEACH FL 33442**      **DEERFIELD BEACH FL 33442-2365**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. Name and Address of Current Registered Agent  
**CONDO OWNERS ORG OF CENTURY VILLAGE EAST**  
**3501 WEST DRIVE**  
**DEERFIELD BEACH FL 33442-2085**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1900352**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONDO OWNERS ORG OF CENTURY VILLAGE EAST**  
**3501 WEST DRIVE**  
**DEERFIELD BEACH FL 33442-2085**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$81.25**

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	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULSINGER, IRENE</b>	NAME	
STREET ADDRESS	<b>RICHMOND F. 239</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABERBACH, LOU</b>	NAME	<b>Gittelman, Theodore</b>
STREET ADDRESS	<b>RICHMOND E 240</b>	STREET ADDRESS	<b>Richmond E 437</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	CITY-ST-ZIP	<b>Deerfield Beach FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, JOHN D</b>	NAME	
STREET ADDRESS	<b>334 RICHMOND E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRESLAUER, GLORIA</b>	NAME	
STREET ADDRESS	<b>RICHMOND F. 142</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGER, CECILE</b>	NAME	
STREET ADDRESS	<b>RICHMOND E 430</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>	CITY-ST-ZIP	
TITLE	<b>VDS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, JOAN</b>	NAME	
STREET ADDRESS	<b>RICHMOND E. 442</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	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: John D. Phillip      **Jan. 10th 2000**      (954)427 2656  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)