

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90024 014 \*\*\*\*61.25

**DOCUMENT # 740294**

1. Entity Name

**THE JEFFERSON CONDOMINIUM CORAL SPRINGS ASSOCIAT**

Principal Place of Business

Mailing Address

8821 N.W. 38TH DRIVE  
 CORAL SPRINGS FL 33065

8821 N.W. 38TH DRIVE  
 CORAL SPRINGS FL 33065-4378

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1803683**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLAN, NANCY N.**  
**8801 NW 38TH DRIVE**  
**APT. 304**  
**CORAL SPRINGS FL 33065**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **EDWARDS, BILL**  
 CITY-ST-ZIP **8801 NW 38TH DR B305**  
**CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **#**  
 STREET ADDRESS **MOLLO, KENDRA**  
 CITY-ST-ZIP **8801 NE 38TH DR. B103**  
**CORAL SPRINGS FL 33065**

TITLE  Change  Addition  
 NAME **Vice President**  
 STREET ADDRESS **LAWRENCE R. FLEBOTTE**  
 CITY-ST-ZIP **3801 N.W. 38th DRIVE 100A**  
**CORAL SPRINGS, FL. 33065**

TITLE  Delete  
 NAME **VS AT**  
 STREET ADDRESS **VAROLI, SANDRA**  
 CITY-ST-ZIP **8801 NW 38 DR #105**  
**CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **MORMILE, JOSEPHINE**  
 CITY-ST-ZIP **8801 NW 38TH DR. B206**  
**CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **NOLAN, NANCY N.**  
 CITY-ST-ZIP **8801 NW 38TH DR. B304**  
**CORAL SPRINGS FL 33065**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*William P. Edwards*

3/7/00

Dress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/99)