

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90056 042 \*\*\*\*61.25

**DOCUMENT # 746858**

1. Entity Name

**NORMANDY J ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C O CAMS  
 314 NE 3 ST  
 BOYNTON BCH FL 33435  
 US

C O CAMS  
 314 NE 3 ST  
 BOYNTON BCH FL 33435-3892  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**c/o S.F.L. Services of Boynton Beach, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**660 NW 10th Court**

**660 NW 10th Court**

City & State

City & State

**Boynton Beach, Florida**

**Boynton Beach, Florida**

4. FEI Number

**59-1953437**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LADWIG, PATTI P.A.**  
 12785 W FOREST HOLL BLVD STE 1317  
 WELLINGTON FL 33414

Name  
**S.F.L. Services of Boynton Beach, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**660 NW 10th Court**

City  
**Boynton Beach** FL Zip Code  
**33426**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COHEN, LESTER	460 NORMANDY J	DELRAY BEACH FL 33484	<input type="checkbox"/>
D	BEERS, EMANUEL	447 NORMANDY J	DELRAY BEACH FL 33484	<input type="checkbox"/>
ST	MONK, LENORE	KINGS PT. NORMANDY J 454	DELRAY BEACH FL	<input type="checkbox"/>
VP	KRIZMAN, MILTON	445 NORMANDY J	DELRAY BEACH FL 33484	<input type="checkbox"/>
D	MILLSTEIN, HELEN	452 NROMANDY J	DELRAY BCH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Beers, Emanuel			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Monk, Lenore		33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Rubinsky, Herbert	449 Normandy J	Delray Beach, Florida 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Goldstein, Jerald	457 Normandy J	Delray Beach, Florida 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

2/7/00 (56) 736-7054

CR2E037 (9/99)