

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

0051367

**DOCUMENT # 746858**

1. Entity Name

**NORMANDY J ASSOCIATION, INC.**

04-26-2001 90144 012 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

660 NW 10TH CT.  
 BOYNTON BEACH FL 33426  
 US

660 NW 10TH CT.  
 BOYNTON BEACH FL 33426  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
 3300 S. Congress Avenue

Suite, Apt. #, etc.  
 3300 S. Congress Ave, Suite 17

City & State  
 Boynton Beach FL

City & State  
 Boynton Beach, FL

Zip  
 33426

Country  
 USA

Zip  
 33426

Country  
 USA



DO NOT WRITE IN THIS SPACE

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

S.F.L. SERVICES OF BOYNTON BCH., INC.  
 660 NW 10TH CT.  
 BOYNTON BEACH FL 33426

Name

Street Address (P.O. Box Number is Not Acceptable)  
 3300 S. Congress Avenue

Suite 17

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

DATE  
 4/18/01

**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	PD COHEN, LESTER 460 NORMANDY J DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEERS, EMANUEL 447 NORMANDY J DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MONK, LEONORE KINGS PT. NORMANDY J 454 DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRIZMAN, MILTON 445 NORMANDY J DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUBINSKY, HERBERT 449 NORMANDY J DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDSTEIN, JERALD 457 NORMANDY J DELRAY BEACH FL 33484	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

DATE  
 4/18/01 1560736-7054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)