

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747051

1. Entity Name

OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90037 035 ****61.25

Principal Place of Business

Mailing Address

1310 S KILLIAN DR #104
LAKE PARK FL 33403

1050 POWELL DR.
RIVIERA BEACH FL 33404-2763
US

1310 S. Killian Dr.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2304339

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUMB, HENRY O
1050 POWELL DR.
RIVIERA BEACH FL 33404

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

Henry O Lumb

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	CASTAGNA, MYLES M	1111 7TH ST	LAKE PRK FL 33403	<input type="checkbox"/>	D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	LUMB, HENRY	1050 POWELL DRIVE	RIVIERA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WHITE, AUSTIN	1202 12TH LANE	PALM BEACH GARDENS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MATHIEUS, MARGI	720 LIGHTHOUSE DRIVE	LAKE PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BENZ, EVERETT M	17679 103RD TERR	JUPITER FL 33478	<input type="checkbox"/>	VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	MAYER, CURTIS M	15648 88TH TRAIL, N	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>	PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>

Title Changes Only

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: *Henry O Lumb* **SIGNATURE REQUIRED** 1/25/00 (561) 842-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)