2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747084

1. Entity Name

BUILDING SIX OF COUNTRY CLUB APTS. AT BONAVENTURE

Principal Place of Business: 16251 GOLF CLUB RD. WESTON, FL. 33326

Mailing Address: P.O. BOX 267422 WESTON, FL. 33326

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90444 022 ****61.25
06-09-2000 90023 001 ****61.25

2. Principal Place of Business

Suite, Apt. #, etc.

City & State: WESTON, FL.

Zip: 33326 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1920127 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~NEW~~ -

~~SEE ATTACHED~~

7. Name and Address of New Registered Agent

Name ~~NEW~~ EDWARD WASHECKA

Street Address (P.O. Box Number is Not Acceptable): 5721 NW. 74th AVE.

City: TAMARAC **FL** Zip Code: 33321

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: EDWARD WASHECKA — Edward Washecka by Dan Marshall — 4/29/00

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

TITLE	PRES. - DIRECTOR ☐ Delete
NAME	BILLY LANE
STREET ADDRESS	16251 GOLF CLUB RD. - APT. 303
CITY-ST-ZIP	WESTON, FL. 33326
TITLE	VICE PRES. - DIRECTOR ☐ Delete
NAME	DAN MARSHALL
STREET ADDRESS	16251 GOLF CLUB RD. APT. 101
CITY-ST-ZIP	WESTON, FL. 33326
TITLE	TREASURER - DIRECTOR ☐ Delete
NAME	ARNOLD MENDLER
STREET ADDRESS	16251 GOLF CLUB RD. - APT. 309
CITY-ST-ZIP	WESTON, FL. 33326
TITLE	SECRETARY - DIRECTOR ☐ Delete
NAME	CAROLYN BURNS
STREET ADDRESS	16251 GOLF CLUB RD. APT. 106
CITY-ST-ZIP	WESTON, FL. 33326
TITLE	DIRECTOR - BOARD - OFFICER ☐ Delete
NAME	~~[illegible]~~ BUDDY RIEZENMAN
STREET ADDRESS	16251 GOLF CLUB RD.
CITY-ST-ZIP	WESTON, FL. 33326
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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: Daniel Marshall DANIEL MARSHALL 4/29/00 954-384-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #