

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748279

1. Entity Name

UNIVERSITY PARK CONDOMINIUM ASSOCIATION, INC.

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

08-02-2000 90005 029 ****61.25

Principal Place of Business

201 N UNIVERSITY DR.
PLANTATION FL 33124

Mailing Address

P A LETHBRIDGE & CO
S PINE ISLAND RD. #200
PLANTATION FL 33324
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2005776

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

P A LETHBRIDGE & CO
100 S PINE ISLAND RD
#200
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D WHITE, BOB 201 N. UNIV. DR. #105 PLANTATION FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SIMON, DAVID, DR. 201 UNIV.DR., #106 PLANTATION FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTEL, FRANK, DR. 201 N. UNIV. DR. #112 PLANTATION FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #