

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**  
 02-08-2000 90130 047 \*\*\*\*61.25

**DOCUMENT # 748767**

1. Entity Name

**EASTRIDGE PROFESSIONAL PLAZA OWNERS ASSOCIATION,**

Principal Place of Business

**2020 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309**

Mailing Address

**2020 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309-1000**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2264127**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**FEHLHABER, ROBERT F.  
 2020 W. MCNAB ROAD  
 FORT LAUDERDALE FL 33309**

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 **PD** ☐ Delete  
 NAME **FEHLHABER, ROBERT F.**  
 STREET ADDRESS **2020 W. MCNAB ROAD**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ Delete  
 NAME **EATON, LILA A.**  
 STREET ADDRESS **2020 W. MCNAB ROAD**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete  
 NAME **FEHLHABER, JULIANA**  
 STREET ADDRESS **2020 W. MCNAB RD.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete  
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 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Juliana Fehlhobar* **Juliana Fehlhobar** **2/3/2000** **954-971-3821**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #