

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90239 015 ****61.25

DOCUMENT # 750325

1. Entity Name
LA COSTA DEL MAR, INC.

Principal Place of Business A & M PROPERTY MGT 3475 HIATUS ROAD SUNRISE FL 33351 US	Mailing Address 3475 HIATUS RD SUNRISE FL 33351-7500 US
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0025986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2168996		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent A & M PROPERTY MGT. 3475 HIATUS ROAD SUNRISE FL 33351				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]* **AGT of ASSN.** 2/23/00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARY ELLEN SORCE		NAME JEFF CURAN	
STREET ADDRESS 6372 LA COSTA DR 602		STREET ADDRESS 6417 LA COSTA DR 103	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE BY	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DWYER, JUDITH A		NAME DAWN CARR	
STREET ADDRESS 6463 LA COSTA DRIVE, # 301		STREET ADDRESS 6371 LA COSTA DR. 103	
CITY-ST-ZIP BOCA RATON FL R-18-C-B		CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, ARTHUR		NAME	
STREET ADDRESS 6372 LA COSTA DRIVE, # 705		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33496		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARK BERNSTEIN		NAME	
STREET ADDRESS 6372 LA COSTA DR 502		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'BRIAN, BILL		NAME	
STREET ADDRESS 6372 LA COSTA DR. #501		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *2/23/00* Daytime Phone #: *741-4666*

CR2E037 (9/99)