

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750329

1. Entity Name

ISLE OF SANDALFOOT CONDOMINIUM, INC. 5

Principal Place of Business

9440 S.W. 8TH STREET
BOCA RATON FL 33428-6862

Mailing Address

9440 S.W. 8TH STREET
BOCA RATON FL 33428-6828

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

59-2003145

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

GOLD, HATTIE
9440 SW 8TH ST
#104
BOCA RATON FL 33428

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

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	HENRY, CHARLES	
STREET ADDRESS	9440 SW 8ST 310	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCHESE, FRANK	
STREET ADDRESS	9440 SW 8 ST 304	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLD, HATTIE	
STREET ADDRESS	9440 SW 8TH STREET #104	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, OTIS	
STREET ADDRESS	9440 SW 8TH ST #423	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Onok, Paul	
STREET ADDRESS	9440 SW 8 St #402	
CITY-ST-ZIP	Boca Raton, FL 3428	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schrager, Stanley	
STREET ADDRESS	9440 SW 8 St 115	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yesenko, Joseph	
STREET ADDRESS	9440 SW 8 St #210	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353 1/21/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)