# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751246

1. Entity Name

84 SOUTH PROPERTY OWNERS ASSOCIATION, INC.

FILED
00 MAR 10 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| %UNITED REALTY MGT.<br>3300 UNIVERSITY DRIVE.. #405<br>CORAL SPRINGS FL 33065 | %UNITED REALTY MGT.<br>3300 UNIVERSITY DRIVE.. #405<br>CORAL SPRINGS FL 33065-4130 |

| 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 59-2037519 ☐ 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 |
|---|---|
| UNITED REALTY MANAGEMENT CORP.<br>3300 UNIVERSITY DRIVE<br>#405<br>CORAL SPRINGS FL 33065 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EHREN, TOM<br>15726 SW 7 PL<br>SUNRISE FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200003173442 T<br>-03/17/00--01011--004<br>*****61.25 *****61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEINER, CRAIG<br>15001 SW 10 ST<br>SUNRISE FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>VERES, GERALD<br>593 LAKESIDE CIRCLE<br>SUNRISE FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DEAN, NANCY<br>690 SOUTH WIND CIRCLE<br>SUNRISE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROPER, THOMAS<br>15096 SW 13 CT<br>SUNRISE FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>THOMAS, TOM<br>325 LAKESIDE COURT<br>SUNRISE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>☐ Change ☐ Addition |

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