

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2000 8:00 am**
Secretary of State

02-01-2000 90068 024 ****61.25

DOCUMENT # 756044

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 10, INC.

Principal Place of Business

Mailing Address

5240 NW 2ND AVENUE
BOCA RATON FL 33487
US5240 NW 2ND AVENUE
BOCA RATON FL 33487-4811
US

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

59-2261906Applied For
Not Applicable5. 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

St. John & Landon, P.A.

Name

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

City

FL | Zip Code~~STEELE~~ **4401 N. Federal Highway, Ste. 202**
~~5240 NW~~ **Boca Raton, FL 33431**

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	P.D.	<input type="checkbox"/> Delete
NAME	TEITLEBAUM, HILDA	
STREET ADDRESS	5340 NW 2ND AVE., #120	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S.D.	<input type="checkbox"/> Delete
NAME	COTOPOLIS, ARTEEMIS	
STREET ADDRESS	5280 NW 2 AVE #714	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, SALLIE	
STREET ADDRESS	5260 NW SECOND AVE #501	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, MARION	
STREET ADDRESS	5340 NW 2ND AVE., #124	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ABBOTT, FRANK	
STREET ADDRESS	5280 NW 2 AVE #714	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREVAI, ARNOLD	
STREET ADDRESS	5280 NW 2ND AVE, #307	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Jeanetta Hall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5280 NW 2nd Ave	
STREET ADDRESS	Boca Raton, FL	
CITY-ST-ZIP		
TITLE	Ben Shaw	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5340 NW 2nd Ave	
STREET ADDRESS	Boca Raton FL 33487	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROBERT RENZIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5260 NW 2nd Ave	
STREET ADDRESS	BOCA RATON, FL 33487	
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

Date **5/17/2000** Daytime Phone #