

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90057 030 \*\*\*\*61.25

0051801

**DOCUMENT # 758701**

1. Entity Name

**MAYFAIR OF BOCA RATON CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

1401 S OCEAN BLVD  
~~1401 S OCEAN AVENUE~~  
 BOCA RATON FL 33432

Mailing Address

1401 S OCEAN BLVD  
~~1401 S OCEAN AVENUE~~  
 BOCA RATON FL 33432

2. Principal Place of Business

**1401 S. OCEAN BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**1401 S. OCEAN BLVD**

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

Zip **33432**

Country **USA**

City & State

**BOCA RATON FL**

Zip **33432**

Country **USA**

4. FEI Number

**59-2194689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PLAZIE, LEMIE**

**2200 N. FEDERAL HWY. STE 212  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **EDMUND BEY**

Street Address (P.O. Box Number is Not Acceptable)  
**1401 S. OCEAN BLVD.**

City **BOCA RATON**

FL

Zip Code **33432**

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

*Edmund Bey*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-2001**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD EDMUND, BEY 1401 S. OCEAN BLVD. BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHORE, AL 1401 S OCEAN BLVD BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALOCE, ARTHUR 1401 S OCEAN BLVD BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESSI, JOE 1401 S OCEAN BLVD BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINETAR, MARION 1401 SOUTH OCEAN BLVD. BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM GAMBLE 1401 S. OCEAN BLVD. BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAUL POZENSKY 1401 S. OCEAN BL. BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENRY EBBINGHAUSEN 1401 S. OCEAN BLVD. BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDMUND BEY**  
**1-31-01**  
**561-368-4600**

Date

Daytime Phone #

CR2E037 (10/00)