

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90453 029 ****61.25

DOCUMENT # 761829

1. Entity Name

BARRISTERS BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O SCC MANAGEMENT SERVICES 440 ROYAL PALM WAY PALM BEACH FL 33480 US	Mailing Address C/O SCC MANAGEMENT SERVICES 440 ROYAL PALM WAY PALM BEACH FL 33480-4138 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O CAPITAL REALTY ADVISORS Suite, Apt. #, etc. SUITE 212 City & State Palm Beach Gardens, FL Zip 33403	3. Mailing Address 600 Sandtree Drive Suite, Apt. #, etc. SUITE 212 City & State Palm Beach Gardens, FL Zip 33403	4. FEI Number 59-2266300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOGAN, DARRYL B. PAXTON, CROW, BRAGG, SMITH, & NELSON, P.A. 1615 FORUM PLACE, STE 500 W. PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME CROW, DAVID STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP W. PALM BCH. FL 33401	<input checked="" type="checkbox"/> Delete	TITLE President NAME JEFF LIGGIO STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP WEST Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LIGGIO, JEFFREY STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME DAVID RIGELL STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SVPD NAME BURLINGTON, PHILIP M STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MACLOSKEY, LOUIS STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP W PALM BCH, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WILKERSON, JR, JAMES D STREET ADDRESS 1601 FORUM PLACE, SUITE 307 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY NAME RON SELLERS STREET ADDRESS 1615 FORUM PLACE CITY-ST-ZIP WEST Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: _____ DATE: 1/15/00 DAYTIME PHONE # _____

CR2E037 (9/99)