

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

04-24-2001 90322 040 ****61.25

DOCUMENT # 761829

1. Entity Name

BARRISTERS BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CAPITAL REALTY ADVISORS
 STE 212
 PALM BEACH GARDENS FL 33403
 US

C/O CAPITAL REALTY ADVISORS
 STE 212
 PALM BEACH GARDENS FL 33403
 US

2. Principal Place of Business

8895 N Military Trail

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Beach Gardens, FL

Zip
33410

Country
US

3. Mailing Address

8895 N Military Trail

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Beach Gardens, FL

Zip
33410

Country
US

4. FEI Number

59-2266300

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

**KOGAN, DARRYL B.
 PAXTON, CROW, BRAGG, SMITH, & NELSON, P.A.
 1615 FORUM PLACE, STE 500
 W. PALM BEACH FL 33401**

Name
DAVID R. RIGELL

Street Address (P.O. Box Number is Not Acceptable)
1615 FORUM PLACE, SUITE 200

City
WEST PALM BEACH

FL

Zip Code
33401

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 LIGGIO, JEFF 1615 FORUM PL WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO RIGELL, DAVID 1615 FORUM PL WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BURLINGTON, PHILIP M 1615 FORUM PLACE WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACLOSKEY, LOUIS 1615 FORUM PLACE W PALM BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JELLERS, RON 1615 FORUM PL WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rigell, David, Pres. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1615 Forum Pl West Palm Beach, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Liggio, Jeffrey VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1615 Forum Pl West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sellers, Ron, VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4800 Riverside-Dr.-#102 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MacLoskey, Louis, Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1615 Forum Pl West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Burlington, Philip, Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1615 Forum Pl. West Palm Beach, FL 33401
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)