

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90366 008 ****61.25

00000000



DO NOT WRITE IN THIS SPACE

DOCUMENT # 761829

1. Entity Name
BARRISTERS BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8895 N. MILITARY TRAIL SUITE E-201 PALM BEACH GARDENS FL 33410 US	Mailing Address 8895 N. MILITARY TRAIL SUITE E-201 PALM BEACH GARDENS FL 33410 US
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
--	---------	--	---------

4. FEI Number 59-2266300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RIGELL, DAVID R
 1615 FORUM PLACE
 SUITE 200
 WEST 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

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 DATE **1-22-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGELL, DAVID 1615 FORUM PL WEST PALM BEACH FL 33410	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIGGIO, JEFFREY 1615 FORUM PL WEST PALM BEACH FL 33401	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURLINGTON, PHILIP 1615 FORUM PLACE WEST PALM BEACH FL 33401	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACLOSKEY, LOUIS 1615 FORUM PLACE WEST PALM BEACH FL 33401	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JELLERS, RON 4800 RIVERSIDE DR., #102 PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELLERS, RON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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

Date: **1-22-02** Daytime Phone #: **(561) 688-9899**

CR2E037 (9/01)