

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767482

1. Entity Name

UNIVERSITY MAPLEWOOD TOWNHOUSES ASSOCIATION, INC

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90726 025 ****61.25

0020296

Principal Place of Business Mailing Address
9698 N.W. 14TH STREET 9698 N.W. 14TH STREET
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071

2. Principal Place of Business 3. Mailing Address
9365 W. SAMPLE ROAD 9365 W. SAMPLE ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
203 # 203
City & State City & State
CORAL SPRINGS, FL CORAL SPRINGS, FL
Zip Country Zip Country
33065 US 33065 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2512205 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAATHOFF, ANNE M.
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VPD MITCHELL, FRED 9754 NW 14TH STREET CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEBORT, DEBORAH 9724 NW 14 ST CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, PATRICIA 9784 N.W. 14TH STREET CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALERMO, TERESA 9808 NW 14TH ST CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIANSKY, LARRY 9728 NW 14 ST CORAL SPRINGS 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	PD SIANSKY, LARRY 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, FRED 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEBERT, DEBORAH 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, PATRICIA 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

954-752-4796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)