

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90600 041 \*\*\*\*61.25

0004296

**DOCUMENT # 769080**

1. Entity Name

**EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STAT**

Principal Place of Business

Mailing Address

4748 S. OCEAN BLVD.  
 APT 101  
 HIGHLAND BEACH FL 33487  
 US

4748 S. OCEAN BLVD.  
 APT 101  
 HIGHLAND BEACH FL 33487  
 US

**00017060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3101 S. Ocean Blvd**

**3101 S. Ocean**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Highland Beach, FL**

**Highland Beach, FL**

Zip

Country

Zip

Country

**33487**

**USA**

**33487**

**USA**

4. FEI Number

**59-2495382**

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

**LAGUARDIA, JOANNE**  
**4748 S. OCEAN BLVD. #101**  
**HIGHLAND BEACH FL 33487**

Name

**MICHELE A. FOX**

Street Address (P.O. Box Number is Not Acceptable)

**3101 S. Ocean Blvd.**

City

**HIGHLAND BEACH FL**

Zip Code

**33487**

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

*Michele A. Fox*

**MICHELE A. FOX Treasurer**

**2-8-2001**

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	Delete
D	GALIANO, FRANK J	4750 S. OCEAN BLVD	HIGHLAND BCH FL 33487	<input checked="" type="checkbox"/>
S	THOMPSON LEOPARD, LINDA	20100 BOCA WEST DR	BOCA RATON FL 33434	<input type="checkbox"/>
D	CASE, ROBERT	3855 NW 67 ST	COCONUT CREEK FL 33073	<input type="checkbox"/>
J VP	LA GUARDIA, JO ANNE, GAGLIANO	4748 S. OCEAN BLVD	HIGHLAND BCH FL 33487	<input type="checkbox"/>
P	PARKER, BILLY	550 S. OCEAN BLVD	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
V	NESBITT, JOHN	50 E RD	DELRAY BEACH FL 33483	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	LANTZ, JAMES	1266 S. MILITARY TRAIL #528	DEERFIELD BCH, FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	FOX, MICHELE	3101 S. OCEAN BLVD	HIGHLAND BEACH, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WATTS, RANDY	2066 S. Ocean Blvd	Boca Raton, FL 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BECCIA, JACKIE	330 NW 67 ST #204	Boca Raton, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DENUNICO, TONY	700 S. Ocean Blvd	Boca Raton, FL 33432	<input type="checkbox"/>	<input checked="" 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:** *MICHELE A. FOX* **MICHELE A. FOX** **2-8-01** **561-298 8092**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR2E037 (10/00)