

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90002 008 ****61.25

DOCUMENT # N00000003875

1. Entity Name

FLEISCHMANN OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1435 E PIEDMONT DR. STE 202
 TALLAHASSEE FL 32312

Mailing Address

1435 E PIEDMONT DR. STE 202
 TALLAHASSEE FL 32312

2. Principal Place of Business

2419-1 FLEISCHMANN RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4181

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL 32308

City & State

TALLAHASSEE FL

4. FEI Number

59-267886

Applied For

Not Applicable

Zip

LEON

Zip

32315

Country

LEON

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E ESQ
 3520 THOMASVILLE RD, 4TH FLOOR
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **DAN VOLLMER**
 Street Address (P.O. Box Number is Not Acceptable)
1435 E. PIEDMONT DR SUITE 202
 City **TALLAHASSEE** FL Zip Code **32308**

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]* **DAN VOLLMER, SEC-TRES.** **7/5/01**
 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
After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	ROSEN, PETER S	
STREET ADDRESS	P.O. BOX 15694	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BASTAIN, TONY	
STREET ADDRESS	3375-H CAPITAL CIR NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VOLLMER, DAN	
STREET ADDRESS	P.O. BOX 4181	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **SIGNATURE REDAN VOLLMER, SEC-TRES. 7/5/01**

CR2E037 (5/01)