

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90037 018 \*\*\*\*61.25

**DOCUMENT # N22190**

1. Entity Name

**CLAIRMONT CONDOMINIUM B ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10438 E. CLAIRMONT CIRCLE  
 TAMARAC FL  
 US

8211 W. BROWARD BLVD.  
 SUITE PH-1, 6TH FLOOR  
 PLANTATION FL 33324-2745  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2843207**

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

**KANTER, RUTH S**  
**10438 E. CLAIRMONT CIR**  
**TAMARAC FL 33321**

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

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 **PD**  Delete  
 NAME **KANTER, RUTH**  
 STREET ADDRESS **10438 E CLAIRMONT**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD**  Change  Addition  
 NAME **Ruth S. Kanter**  
 STREET ADDRESS **10438 E. Clairmont Circle**  
 CITY-ST-ZIP **Tamarac Fl 33321**

TITLE **VPT**  Delete  
 NAME **FLEDER, GLADYS**  
 STREET ADDRESS **10428 E CLAIRMONT CIR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPT**  Change  Addition  
 NAME **Gladys F. Fleder**  
 STREET ADDRESS **10428 E. Clairmont Cir**  
 CITY-ST-ZIP **Tamarac Fl 33321**

TITLE **SD**  Delete  
 NAME **WEISS, SALLY**  
 STREET ADDRESS **10468 E CLAIRMONT CIR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD**  Change  Addition  
 NAME **Sally Weiss**  
 STREET ADDRESS **10468 E Clairmont Cir**  
 CITY-ST-ZIP **Tamarac Fl 33321**

TITLE **BMD**  Delete  
 NAME **VENEZIA, MORRIS**  
 STREET ADDRESS **10472 E CLAIRMONT CIR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **BMD**  Change  Addition  
 NAME **Morris Venezia**  
 STREET ADDRESS **10472 E Clairmont Cir**  
 CITY-ST-ZIP **Tamarac, Fla 33321**

TITLE **SD**  Delete  
 NAME **GORDON, RUTH**  
 STREET ADDRESS **10450 E CLAIRMONT CIR**  
 CITY-ST-ZIP **TAMARACA FL 33321**

TITLE **SD**  Change  Addition  
 NAME **Ruth Gordon**  
 STREET ADDRESS **10450 E Clairmont Circle**  
 CITY-ST-ZIP **Tamarac, Fla 33321**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 the report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RUTH KANTER RUTH S Kanter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-00**

Date

**954-78**

Daytime Phone

CR2E037 (9/99)