

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003944

FILED  
Apr 28, 2002 8:00 AM  
Secretary of State

Entity Name: BLAIRS' DOWNTOWN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

417 E ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

419 E ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 65-0500121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLEEMAN, LOUIS G 111  
419 E ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

GLESMANN, LOUIS G 111  
419 E ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

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: LOUIS G. GLESMANN III      04/28/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: GLESMANN, TERRI R  
Address: 419 E ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL

Title: VD ( ) Delete  
Name: GLESMANN, LOUIS G  
Address: 419 E ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete  
Name: LYNN, DANIEL O  
Address: 415 E ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS G. GLESMANN      VD      04/28/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date