

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001861

1. Entity Name

MAYFAIR HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3000 FLORIDA AVE.
COCONUT GROVE FL 33133

Mailing Address

3000 FLORIDA AVE.
COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3445 Peachtree Rd.

Suite, Apt. #, etc.

Suite 700

City & State

Atlanta, GA 30326

Zip

Country

APPROVED
AND
FILED

00 OCT 10 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-226-6008

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation**

FL

Zip Code
33324

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.

Mary R. Adams

MARY R. ADAMS

ASSISTANT SECRETARY

200003447752--8

-11/01/00--01110--019

****\$61.25 ****\$61.25

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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	DST	<input checked="" type="checkbox"/> Delete
NAME	FLANDERS, ROBERT M	
STREET ADDRESS	3445 PEACHTREE RD. N.E., STE. 700	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAFUSE, MARK	
STREET ADDRESS	3445 PEACHTREE RD. N.E., STE. 700	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LUSKI, DAVID	
STREET ADDRESS	C/O DRA ADVISORS 1180 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANSEY, FRANCIS X	
STREET ADDRESS	C/O DRA ADVISORS 1180 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
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 checked="" type="checkbox"/> Addition
NAME	Karyn Marasco Gutierrez	
STREET ADDRESS	V. Pres. / Dir. 3445 Peachtree Rd, Suite 700	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Gryboski	
STREET ADDRESS	Secretary / Dir. 3445 Peachtree Rd, Suite 700	
CITY-ST-ZIP	Atlanta, GA 30326	
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		

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: By: *Thomas Gryboski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

8/24/00

Date

(404) 364-9400

Daytime Phone #

CR2E037 (5/00)