## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # 745417** 1. Entity Name PECAN TREE CONDOMINIUM APTS., INC. 01-28-2000 90085 029 \*\*\*\*61.25 Principal Place of Business Mailing Address 2324 VAN BUREN ST. 2324 VAN BUREN ST. HOLLYWOOD FL 33020-4945 HOLLYWOOD FL 33020-7300 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2342380 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT F. LUCAS Street Address (P.O. Box Number is Not Acceptable) HORTON, TONI 2324 VAN BUREN STREET 2324 VAN BUREN STREET #203 HOLLYWOOD HOLLYWOOD FL 33020 Zip Code 33020 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD 🔀 Delete TITLE PRESIDENT/DIRECTOR Change 1 ☐ Addition TITLE NAME HORTON, TONI NAME ROBERT F. LUCAS 2824 VAN BUREN ST. #202 STREET ADDRESS STREET ADDRESS 2324 VAN BUREN STREET #203 CITY-ST-ZIP CITY-ST-ZIE HOLLLYWOOD FL 33020 HOLLYWOOD, FL 33020 Addition ☐ Change Delete TITLE SECRETARY/DIRECTOR TITLE NAME LUCAS, ROBERT MARY HANDY 2824 VAN BUREN ST. # 103 STREET ADDRESS 2324 VAN BUREN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL HOLLYWOOD, FL 33020 ☐ Delete ☐ Change Addition TITLE TITLE PROUSALIS, MARJORIE J. NAME STREET ADDRESS 2324 VAN BUREN STREET #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: MARTORTEDJ. PROUSALIS 1-24-2000 954-920-9084

SIGNATURE: Date Deptime Phone of Printed Name of Signing Officer or Director

CR2E037 (9/99)