

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000943

1. Entity Name

PALM TOWERS/PALM COURT RESIDENT ASSOCIATION, INC

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90197 018 ****61.25

Principal Place of Business

930 NW 95TH ST., A
MIAMI FL 33150

Mailing Address

930 NW 95TH ST., A
MIAMI FL 33150-2088

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

36-4218616

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

FERGUSON, GIL
930 NW 95TH ST., A
MIAMI FL 33150

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	DP	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, GIL	
STREET ADDRESS	930 NW 95TH ST., A	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, MABLE	
STREET ADDRESS	930 NW 95TH ST., A	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILCHER, AGNES	
STREET ADDRESS	930 NW 95TH ST., A	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HALL, JOHNNIE M	
STREET ADDRESS	930 NW 95TH ST., A	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HIGGINS, BEATRICE	
STREET ADDRESS	930 NW 95TH ST., A	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elam, Ella	
STREET ADDRESS	930 N. W. 95 Street, Apt. #305	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Acosta, Abad	
STREET ADDRESS	930 N. W. 95 Street, Apt. #604	
CITY-ST-ZIP	Miami, FL 33147	
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
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:

Ella Elam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2000

Date

(305) 836-9416
(305) 835-8280

Daytime Phone #

CR2E037 (9/99)