

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750329

1. Entity Name

ISLE OF SANDALFOOT CONDOMINIUM, INC. 5

Principal Place of Business

9440 S.W. 8TH STREET  
BOCA RATON FL 33428-6862

Mailing Address

9440 S.W. 8TH STREET  
BOCA RATON FL 33428-6828

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

59-2003145

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

GOLD, HATTIE  
9440 SW 8TH ST  
#104  
BOCA RATON FL 33428

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

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | VPD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | HENRY, CHARLES          |                                            |
| STREET ADDRESS | 9440 SW 8ST 310         |                                            |
| CITY-ST-ZIP    | BOCA RATON FL 33428     |                                            |
| TITLE          | SD                      | <input type="checkbox"/> Delete            |
| NAME           | MARCHESE, FRANK         |                                            |
| STREET ADDRESS | 9440 SW 8 ST 304        |                                            |
| CITY-ST-ZIP    | BOCA RATON FL 33428     |                                            |
| TITLE          | P                       | <input type="checkbox"/> Delete            |
| NAME           | GOLD, HATTIE            |                                            |
| STREET ADDRESS | 9440 SW 8TH STREET #104 |                                            |
| CITY-ST-ZIP    | BOCA RATON FL 33428     |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SCOTT, OTIS             |                                            |
| STREET ADDRESS | 9440 SW 8TH ST #423     |                                            |
| CITY-ST-ZIP    | BOCA RATON FL 33428     |                                            |
| 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          | Director             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Onek, Paul           |                                                                              |
| STREET ADDRESS | 9440 SW 8 St #402    |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 3428  |                                                                              |
| TITLE          | Director             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Schrager, Stanley    |                                                                              |
| STREET ADDRESS | 9440 SW 8 St 115     |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33428 |                                                                              |
| TITLE          | Director             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Yesenko, Joseph      |                                                                              |
| STREET ADDRESS | 9440 SW 8 St #210    |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33428 |                                                                              |
| 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353

1/21/00

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90028 004 \*\*\*\*61.25