

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740544

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90010 020 ****61.25

Principal Place of Business	Mailing Address
12079 SW 131TH AVENUE MIAMI FL 33186 US	C/O THE CONTINENTAL GROUP 12079 S.W. 131ST AVE. MIAMI FL 33186-6475 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1081744	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	☐ Delete
NAME	JACKSON, CLAUDIA	
STREET ADDRESS	10609 -, SW 113TH THE OLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	☐ Delete
NAME	FRIED, MURRAY	
STREET ADDRESS	10685-Z 113TH PL	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	☐ Delete
NAME	THEIMER, JOHN	
STREET ADDRESS	10625-D S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	☐ Delete
NAME	KOLLER, CRAIG	
STREET ADDRESS	10631-C S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☒ Delete
NAME	TAYLOR, KELLY	
STREET ADDRESS	10601-C S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☒ Delete
NAME	HIRSCH, PHYLLIS	
STREET ADDRESS	10605-B S.W. 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date Daytime Phone #

CR2E037 (9/99)