

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717535

1. Entity Name

BAYSHORE TOWERS OF FT. LAUDERDALE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 034 ****61.25

Principal Place of Business

Mailing Address

511 BAYSHORE DRIVE
FT. LAUDERDALE FL 33304

511 BAYSHORE DRIVE
FT. LAUDERDALE FL 33304-3978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1388579

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAGNER, JAMES
511 BAYSHORE DRIVE
APT PH2
FORT LAUDERDALE FL 33304

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 **D** ☐ Delete
NAME **DAVIS, DEAN**
STREET ADDRESS **511 BAYSHORE DRIVE #608**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **LAMORGES JR, ALBERT M**
STREET ADDRESS **511 BAYSHORE DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **Director** ☐ Change ☒ Addition
NAME **Jack Koretsky**
STREET ADDRESS **511 Bayshore Dr. #311 Ft. Lauderdale**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GERBINO, GARY**
STREET ADDRESS **511 BAYSHORE DR #406**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WAGNER, JAMES**
STREET ADDRESS **511 BAYSHORE DR #PH 2**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FLOYD, JACKIE**
STREET ADDRESS **511 BAYSHORE DR #609**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BECKER, RAYMOND**
STREET ADDRESS **511 BAYSHORE DR #PH 3**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **Director** ☐ Change ☒ Addition
NAME **Anna Langill**
STREET ADDRESS **511 Bayshore Dr. #306 Ft. Lauderdale**
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

Date

Daytime Phone #

CR2E037 (9/99)