

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725355

1. Entity Name

BIRCH SQUARE ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90069 036 ****61.25

Principal Place of Business

Mailing Address

3003 TERRAMAR STREET
FORT LAUDERDALE FL 33304

3003 TERRAMAR STREET
FORT LAUDERDALE FL 33304-4068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-1498101

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMART, DIANE G
3003 TERRAMAR STREET
BUSINESS OFFICE 2ND FL
FT LAUDERDALE FL 33304

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	P	<input type="checkbox"/> Delete
NAME	SMART, DIANE G	
STREET ADDRESS	3003 TERRAMAR ST #1601	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEATER, TAMARA	
STREET ADDRESS	600 N BIRCH ROAD, #404	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCARONE, CARMEN	
STREET ADDRESS	609 BREAKERS AVE #2	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STREET, JOHN	
STREET ADDRESS	3003 TERRAMAR STREET, #601	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITCHMAN, PETER	
STREET ADDRESS	3003 TERRAMAR STREET, #203	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES	
STREET ADDRESS	3003 TERRAMAR STREET #401	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parrillo, Doug	
STREET ADDRESS	3003 Terramar Street, #901	
CITY-ST-ZIP	Fort Lauderdale, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karlin, Ed	
STREET ADDRESS	3003 Terramar Street, #1703	
CITY-ST-ZIP	Fort Lauderdale, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Verdile, Vincent	
STREET ADDRESS	600 N. Birch Road, #202	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E037 (9/99)