2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32596

1. Entity Name

601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.

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

03-15-2000 90132 019 ****61.25

Principal Place of Business	Mailing Address
% K.M. BURGE 643 17TH STREET VERO BEACH FL 32960 US	% K.M. BURGE 643 17TH STREET VERO BEACH FL 32960-6236 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2972392 — 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
BURGE, K.M. 643 17TH STREET SUITE 2 R VERO BEACH FL 32960	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	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KUTSCHINSKI, RONALD C.	NAME	
STREET ADDRESS	1826 US HIGHWAY #1	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RUBINSKI, EDWARD W.	NAME	
STREET ADDRESS	637 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURGE, K.M.	NAME	
STREET ADDRESS	643 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CUTRIGHT, DAVID	NAME	
STREET ADDRESS	641 17TH ST.	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JONATHAN	NAME	
STREET ADDRESS	605 17TH ST.	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 [illegible] 1/6/00 561-569-6109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)