

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12311

1. Entity Name

INVERRARY GARDENS MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% 4200 INVERRARY BLVD.  
FT. LAUDERDALE FL 33319

% 4200 INVERRARY BLVD.  
FT. LAUDERDALE FL 33319

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

22-2705878

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

SCHLESINGER, RICHARD  
4200 INVERRARY BLVD.  
FT. LAUDERDALE FL 33319

Name

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

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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 P/D ☐ Delete  
NAME RICHARD SCHLESINGER  
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH  
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE VD ☐ Delete  
NAME COHEN, SHELDON  
STREET ADDRESS 4200 INVERRARY BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

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

TITLE VD ☐ Delete  
NAME SCHLESINGER, ADAM  
STREET ADDRESS 250 AUSTRALIAN AVE S  
CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE D ☐ Delete  
NAME RUDA, DANNY  
STREET ADDRESS 250 AUSTRALIAN AVE S  
CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE D ☐ Delete  
NAME GARRISON, SANDY  
STREET ADDRESS 250 AUSTRALIAN AVE S  
CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE D ☐ Delete  
NAME MARCH, TOM  
STREET ADDRESS 4200 INVERRARY BLVD  
CITY-ST-ZIP LAUDERHILL FL 33319

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: X

Adam Schlesinger, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR 14 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)