

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001815

1. Entity Name

THE STRATFORD "H" CONDOMINIUM ASSOCIATION AT CEN

Principal Place of Business

3700 GEORGIA AVE.  
W PALM BEACH FL 33405

Mailing Address

3700 GEORGIA AVE.  
W PALM BEACH FL 33405-2125

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

59-1550730

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

MCCLOSKEY, WILLIAM  
3700 GEORGIA AVE.  
W PALM BEACH FL 33405

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 PD ☐ Delete  
NAME ROBBINS, HAROLD  
STREET ADDRESS 109 STRATFORD  
CITY-ST-ZIP W PALM BCH FL

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

TITLE SD ☐ Delete  
NAME CALDERON, ROSE  
STREET ADDRESS 101 STRATFORD H  
CITY-ST-ZIP W PALM BEACH FL

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

TITLE VD ☐ Delete  
NAME SCOCCO, ALEXANDER  
STREET ADDRESS 107 STRATFORD "H"  
CITY-ST-ZIP W PALM BEACH FL 33417

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

TITLE T ☒ Delete  
NAME SAPOLSKY, ROBERT  
STREET ADDRESS 109 A STRATFORD H  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☒ Change ☐ Addition  
NAME DELANO JOHNSON  
STREET ADDRESS 104 STRATFORD H  
CITY-ST-ZIP W.P. BEACH, FL. 33417

TITLE PD ☐ Delete  
NAME BANKHEAD, RUTH  
STREET ADDRESS 102A STRATFORD H"  
CITY-ST-ZIP W PALM BEACH FL

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

TITLE ☐ Delete  
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

HAROLD ROBBINS 3/21/00 561-4714681

Date

Daytime Phone #

CR2E037 (9/99)