

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758302

1. Entity Name

COLONIAL CENTER ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90028 007 ****61.25

Principal Place of Business

Mailing Address

1260 S. FEDERAL HWY #101
BOYNTON BEACH FL 33435

1260 S. FEDERAL HWY #101
BOYNTON BEACH FL 33435-6045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2159966

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

Name

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

City

FL

Zip Code

RUBIN, DEBORAH
1260 S. FEDERAL HWY. #101
BOYNTON BEACH FL 33435

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	KAMEL, MAKRAM	1240S FEDERAL HWY STE 101 BOYNTON BCH FL 33435	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	RUBIN, DEBORAH	1260 S FEDERAL HWY #101 BOYNTON BEACH FL 33435	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	SMITH, GORDON J	1250 S FEDERAL HWY #101 BOYNTON BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	WOLFORTH, J B	5114 N OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPD	NORTHROP, WARD W.	1200 S FEDERAL HWY #204 BOYNTON BCH. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4-19-00 561-736-8970

Date

Daytime Phone #