

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12311

1. Entity Name

INVERRARY GARDENS MASTER ASSOCIATION, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90015 003 ****61.25

Principal Place of Business

% 4200 INVERRARY BLVD.
FT. LAUDERDALE FL 33319

Mailing Address

% 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 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 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: *Adam Schlesinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)