

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90045 017 ****61.25

DOCUMENT # 712683

1. Entity Name

GEORGIAN COURT APARTMENT NORTH, INC.

Principal Place of Business

6261 NE 19TH AVE
#1203
FORT LAUDERDALE FL 33308
US

Mailing Address

6261 N.E. 19 AVE.
#1203
FT. LAUDERDALE FL 33308
US

000104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1216082**

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

RYAN, EDWARD J
6261 N.E. 19TH AVE.
#1203
FT LAUDERDALE FL 33308

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 **RYAN, EDWARD J**
STREET ADDRESS **6263 NE 19TH AVE #912**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **ANTHONY MIRTO** ☐ Change ☒ Addition
NAME **6260 NE 18TH AVE #731**
STREET ADDRESS **FORT LAUDERDALE, FL 33304**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCGRATH, S. JAKE**
STREET ADDRESS **6260 NE 18TH AVE #805**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **B.R. DONLON (TD)** ☐ Change ☒ Addition
NAME **6263 NE 19TH AVENUE #926**
STREET ADDRESS **FORT LAUDERDALE, FL 33308**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CUMMINGS, DAVID**
STREET ADDRESS **6263 NE 19TH AVE #1021**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRENNAN, SHIRLEY M**
STREET ADDRESS **6261 NE 19TH AVE #1232**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **ANTHONY DISTACIO**
STREET ADDRESS **6263 NE 19TH AVE. #905**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **S** ☐ Delete
NAME **LIND, IRIS B**
STREET ADDRESS **6261 NE 19TH AVE #1230**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **ANDREW O'LEARY**
STREET ADDRESS **6260 NE 18TH AVE. - #705**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE **VD** ☒ Delete
NAME **DIBIAGE, ARTHUR**
STREET ADDRESS **6261 NE 19TH AVE. 1228**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE
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 OF DIRECTOR **IRIS B. LIND** 01/08/02 954/771-7562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)