

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248119

1. Entity Name

WOODCREST TERRACE APARTMENTS INC

Principal Place of Business

615 SOUTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062

Mailing Address

615 SOUTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1454410

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

BROESAMLE, WADE
615 S RIVERSIDE DR #7
POMPANO BCH FL 33062

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME TD
HARRITY, E MICHAEL JR
STREET ADDRESS 615 S RIVERSIDE DR, #10
CITY-ST-ZIP POMPANO BCH FL 33062 ☒ Delete

TITLE
NAME V.P.
PATRICIA R. LAFFERANDRE
STREET ADDRESS 615 S. RIVERSIDE DRIVE #10
CITY-ST-ZIP POMPANO BEACH. FL. 33062. ☐ Change ☒ Addition

TITLE
NAME SD
SHRYOCK, GRACE
STREET ADDRESS 615 S RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

TITLE
NAME
NAME JOAN DUNN
STREET ADDRESS 615 S. RIVERSIDE DR. #1
CITY-ST-ZIP POMPANO BEACH FL. 33062 ☐ Change ☒ Addition

TITLE
NAME PD
BROESAMLE, WADE
STREET ADDRESS 615 S RIVERSIDE DR #7
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE
NAME VD
WETTIN, PAULINE
STREET ADDRESS 650 SO. RIVERSIDE DR.
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Delete

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

TITLE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Dunn JOAN DUNN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01
Date

954-942-0004
Daytime Phone #

0124248

CR2E034 (10/00)