

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 386627**

1. Entity Name  
**1500 WEST CHURCH STREET CORPORATION**

FILED

00-AUG -4 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6700 NW BROKEN SOUND PKWY. SUITE 201 BOCA RATON FL 33487 US	Mailing Address C/O PAUL S. FORSTER, ESO. 132 HOOPER AVENUE STATEN ISLAND NY 10306-3726 US
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2. Principal Place of Business 606 East Chapman Avenue Suite, Apt. #, etc. Suite 201	3. Mailing Address P.O. Box 458 Suite, Apt. #, etc.
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City & State Orange, California 92866	City & State Orange, California 92856	4. FEI Number 59-1974290	Applied For Not Applicable
Zip 92866-1601	Country US	Zip 92856-6458	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GULISANO, FRANK**  
C/O SUMMIT REALTY DEVELOPMENT CORP.  
6700 NW BROKEN SOUND PKWY., STE. 201  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent  
Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
City  
Plantation **FL** Zip Code  
33324

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 Connie Bryan **CONNIE BRYAN**  
Special Assistant Secretary  
August 4, 2000  
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, 2000 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	
TITLE NAME PD <b>ELIA, DOUGLAS E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2332 N 7TH STREET CITY-ST-ZIP TERRE HAUTE IN	
TITLE NAME VD <b>CAIAZZA, BRIAN A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 25-32 35TH STREET, APT. 3-E CITY-ST-ZIP ASTORIA NY	
TITLE NAME STD <b>ELIA, MICHAEL E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 619 ESPLANADE CITY-ST-ZIP PELHAM NY	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD <b>CAIAZZA, PASQUALE P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 East Chapman Avenue, Suite 201 CITY-ST-ZIP Orange, California 92866-1601	
TITLE NAME STD <b>CCARACCI, JOHNEAN K.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 East Chapman Avenue, Suite 201 CITY-ST-ZIP Orange, California 92866-1601	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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 empowers.

SIGNATURE: Michael E. Elia  
Michael E. Elia, Secretary-Treasurer

1/18/2000 (718) 667-1948  
Date Daytime Phone #

Pasquale P. Caiazza  
PASQUALE P. CAIAZZA, PRESIDENT, DIRECTOR

08/03/00 (714) 997-7007

CR2E034 (\$99)