

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90056 025 \*\*\*\*61.25

**DOCUMENT # 706397**

1. Entity Name

**TOWN COLONY CONDOMINIUM CORPORATION, INC.**

Principal Place of Business

Mailing Address

C/O BRUCE D. DICKSON  
 2916 FUNSTON ST. APT 47  
 HOLLYWOOD FL 33020

C/O BRUCE D. DICKSON  
 2916 FUNSTON ST. APT 47  
 HOLLYWOOD FL 33020-5665

00050620



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

**59-1708878**

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

**DICKSON, BRUCE D**  
**2916 FUNSTON ST. APT 47**  
**HOLLYWOOD FL 33020**

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

*Bruce D. Dickson*

**Bruce D. Dickson**

**3/6/00**

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  Delete  
 NAME **D**  
 STREET ADDRESS **CLEWIS, GAYLE**  
 CITY-ST-ZIP **2918 FUNSTON ST**  
**HOLLYWOOD FL 33020**

TITLE  Change  Addition  
 NAME **ESTELLE KARR**  
 STREET ADDRESS **2918 Funston St, Hollywood, FL 33020**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **PLOCK, GLEN**  
 CITY-ST-ZIP **2916 FUNSTON STREET**  
**HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **DICKSON, BRUCE D**  
 CITY-ST-ZIP **2916 FUNSTON ST.**  
**HOLLYWOOD FL 33020**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **AUERBACK, MARY**  
 CITY-ST-ZIP **2916 FUNSTON ST**  
**HOLLYWOOD FL 33020**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **ANELLO, JUNE**  
 CITY-ST-ZIP **2915 PLUNKETT ST.**  
**HOLLYWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MESSINA, MARIE**  
 CITY-ST-ZIP **2918 FUNSTON ST #39**  
**FOLLYWOOD FL**

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:

*Bruce D. Dickson*  
**Bruce D. Dickson**

Date

Daytime Phone #

**954-920  
 7265**

CR2E037 (9/99)