## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # 707464 1. Entity Name 01-29-2000 90031 047 \*\*\*\*61 25 HARBOUR EAST ASSOCIATION INC Principal Place of Business Mailing Address 788 NE MARINE DR 788 NE MARINE DR BOCA RATON FL 33431-6936 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business 700NE HARBOUR TERR 700 NE HARBOUR TERR Suite, Apt. #, etc. 233 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 233 4. FEI Number Applied For City & State City & State JOCA RATON 23-7075583 DOCA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33431 33431 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIDLEY, ALICE 788 NE MARINE DR **BOCA RATON FL 33431** 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 ( Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD ☐ Delete TITLE TITLE VEDER, BOB 1 122 2 NAME NAME STREET ADDRESS 700 N.E. HARBOUR TERRACE, #131 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** SD Change ☐ Addition □ Delete TD TITLE TITLE ALICE GRIDLEY NAME NAME STREET ADDRESS STREET ADDRESS 788 NE MARINE DR. CITY-ST-ZIP BOCA RATON FL 33431 ☐ Change -- ☐ Addition VPD .... Delete -TITLE- -TITLE Adele Rodler NAME KLASSEN, ARLENE NAME TOONE HAR BOUR TERR STREET ADDRESS STREET ADDRESS 661 NE BROADVIEW DR BOCA RATON FI 33431 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** VPD Change Change Delete TITLE TITLE NAME **CUMMINGS, FRAN** NAME STREET ADDRESS STREET ADDRESS 711 HARBOUR TER 302 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Delete TITLE ☐ Change D. TITLE NAME KUPERMAN, ENID NAME STREET ADDRESS STREET ADDRESS 777 NE MARINE DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** □ ..... ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ii changed, or on an attachment with an address, with all other like empowered.