

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707508

1. Entity Name

COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90078 044 ****61.25

Principal Place of Business

3500 MONROE STREET
 HOLLYWOOD FL 33021

Mailing Address

3500 MONROE STREET
 HOLLYWOOD FL 33021-7579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2358389

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

FERRY, JOHN C
 3500 MONROE ST
 HOLLYWOOD FL 33021

Name

SAME

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 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 FERRY, JOHN C
 STREET ADDRESS 3500 MONROE ST.
 CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE VPD ☒ Delete
 NAME HUSTON, DOROTHY
 STREET ADDRESS 3500 MONROE ST
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
 NAME *EBINGER, Lori*
 STREET ADDRESS *3500 monroe St*
 CITY-ST-ZIP *HLWD FL 33021*

TITLE T ☐ Delete
 NAME FERRY, SHARON
 STREET ADDRESS 3500 MONROE ST
 CITY-ST-ZIP HOLLYWOOD FL

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

TITLE S ☐ Delete
 NAME EBINGER, LORI
 STREET ADDRESS 3500 MONROE ST
 CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE D ☒ Delete
 NAME POE, RUBY
 STREET ADDRESS 3500 MONROE ST
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☒ Addition
 NAME *HUSTON, DOROTHY*
 STREET ADDRESS *3500 monroe St*
 CITY-ST-ZIP *HLWD FL 33021*

TITLE D ☐ Delete
 NAME UGOLINO, MARY
 STREET ADDRESS 3500 MONROE ST
 CITY-ST-ZIP HOLLYWOOD FL 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)