

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709881

1. Entity Name  
SHORE CLUB APTS. "A", INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90012 023 \*\*\*\*61.25

Principal Place of Business: 100 SHORE COURT, NORTH PALM BEACH FL 33408  
Mailing Address: 100 SHORE COURT, NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 59-1158502 Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CLEARY, DENNIS  
100 SHORE CT  
101  
N. PALM BCH FL 33408

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	
TITLE: D NAME: RUTH, JOHN STREET ADDRESS: 100 SHORE CT APT 308 CITY-ST-ZIP: N. PALM BCH FL 33408	<input type="checkbox"/> Delete
TITLE: TD NAME: COUILLARD, VIRGINIA STREET ADDRESS: 100 SHORE COURT APT. #106 CITY-ST-ZIP: N. PALM BCH FL 33408	<input type="checkbox"/> Delete
TITLE: D NAME: WALLACE, HELEN STREET ADDRESS: 100 SHORE COURT #314 CITY-ST-ZIP: N. PALM BCH FL 33408	<input type="checkbox"/> Delete
TITLE: D NAME: STAR, RITA STREET ADDRESS: 100 SHORE CT #115 CITY-ST-ZIP: N. PALM BCH FL 33408	<input type="checkbox"/> Delete
TITLE: SD NAME: FORBES, LINDA STREET ADDRESS: 100 SHORE COURT #315 CITY-ST-ZIP: N. PALM BCH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: KENNY, PAT STREET ADDRESS: 100 SHORE CT #213 CITY-ST-ZIP: N. PALM BCH FL 33408	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MARY CLEARY STREET ADDRESS: 100 SHORE CT #101 CITY-ST-ZIP: N. PALM BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED DENNIS CLEARY Date: 7/5/00 Daytime Phone #: 840 8809

CPRE037 (5/00)