

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710818

1. Entity Name

9300 WEST BAY HARBOR DRIVE CONDOMINIUM, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90102 025 ****61.25

Principal Place of Business

9300 WEST BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154

Mailing Address

9300 W BAY HARBOR DR APT. 4-B
 APT. 2-A
 BAY HARBOR ISLANDS FLA 33154-2326
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1154462

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

ROBERTS, EDWARD
9300 WEST BAY HARBOR DRIVE
APT 2-A
BAY HARBOR ISLAND FL 33154

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 *X*

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	SD	<input type="checkbox"/> Delete
NAME	ZUSMER, NOEL	
STREET ADDRESS	9300 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL. F 00000 33154	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, JOSEPH	
STREET ADDRESS	9300 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL, F 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTS, ED	
STREET ADDRESS	9300 WEST BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph Gardner* **Joseph Gardner** 2-24-00 305 866 1987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)