

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90047 044 \*\*\*\*61.25

**DOCUMENT # 710818**

1. Entity Name

**9300 WEST BAY HARBOR DRIVE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**9300 WEST BAY HARBOR DRIVE  
 BAY HARBOR ISLANDS FL 33154**

**9300 W BAY HARBOR DR APT. 4-B  
 APT. 2-A  
 BAY HARBORS ISLANDS FL 33154  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1154462**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**I Leene S. WALLACE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9300 West Bay Harbor Dr, 4B**  
 City  
**BAY HARBOR ISL** FL Zip Code  
**33154**

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 *I Leene S. Wallace* **I Leene S. WALLACE, Treasurer 2/7/02**  
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

TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	GARDNER, JOSEPH	
STREET ADDRESS	9300 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL, F 00000	
TITLE	TD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delsie Lipton	
STREET ADDRESS	9300 W. BAY HARBOR DRIVE, 2B	
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRNA MORRIS	
STREET ADDRESS	9300 W. BAY HARBOR DRIVE, 3B	
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	I Leene S. WALLACE	
STREET ADDRESS	9300 W. BAY HARBOR DRIVE, 4B	
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *I Leene S. Wallace* **I Leene S. WALLACE, Treasurer 2/7/02 305/864-8614**

CR2E037 (9/01)