

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713713

1. Entity Name

STARLIGHT TOWERS ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90210 043 ****61.25

Principal Place of Business

Mailing Address

6000 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

6000 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308-2350

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

59-1234157

Applied For

Not Applicable

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

POLIAKOFF, GARY A
3111 STIRLING RD
FT LAUDERDALE FL 33312-3525

Name: INTEGRITY PROPERTY Mgt % John Whittle
Street Address (P.O. Box Number is Not Acceptable): 953 UNIVERSITY DRIVE
~~CORAL SPRINGS, FL 33~~
City: CORAL SPRINGS FL Zip Code: 33071

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: *Integrity Property Management*
John C. Whittle (NOTE: Registered Agent signature required when reinstating) DATE: 4/25/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MELESKI, WILLIAM 6000 N. OCEAN BLVD FT. LAUD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERNAVISIO, EMILY 6000 N OCEAN BLVD FT. LAUD. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURLING, JEAN 6000 N. OCEAN BLVD FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MCPADDEN, RAY 6000 N. OCEAN BLVD FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOURADJIAN, ARAM 6000 N OCEAN BLVD FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRIOTT, BILL 6000 N OCEAN BLVD FT LAUDERDALE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDDINS, S. L. 6000 N. OCEAN BLVD FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRAUSS, NORMAN 6000 N OCEAN BLVD FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULKA, YILDIRIM 6000 N. OCEAN BLVD FT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" 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	D	<input checked="" 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)