

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713713

1. Entity Name

STARLIGHT TOWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6000 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

6000 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

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

INTEGRITY PROPERTY MGT
C/O JOHN WHITTLE
953 UNIVERSITY DR
POMPAHO BEACH FL 33071

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

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 PD
NAME EDDINS, S.L.
STREET ADDRESS 6000 N OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE SD
NAME STRAUSS, NORMAN
STREET ADDRESS 6000 N OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE VPT
NAME DURLING, JEAN
STREET ADDRESS 6000 N. OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE D
NAME ULKA, YILDIRIM
STREET ADDRESS 6000 N OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE TD
NAME MOURADJIAN, ARAM
STREET ADDRESS 6000 N OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE S
NAME MARRIOTT, BILL
STREET ADDRESS 6000 N OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90081 045 *****61.25

00012206



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)