

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 716531**

1. Entity Name

**THREE THOUSAND SOUTH ASSOCIATION, INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90139 048 \*\*\*\*61.25

Principal Place of Business <b>3000 S. OCEAN BLVD BOCA RATON FL 33432 US</b>	Mailing Address <b>3000 S. OCEAN BLVD BOCA RATON FL 33432-8390 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1308868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SMITH, GILLESPIE &amp; ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY SUITE #300 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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: \_\_\_\_\_ (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 V	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROD, KURT		NAME DELANEY, HAROLD	
STREET ADDRESS 3000 S OCEAN BLVD., #1504		STREET ADDRESS 3000 S OCEAN BLVD. #702	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON FL	
TITLE D	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FIELD, MARSHALL		NAME STREHLE, GEORGE	
STREET ADDRESS 3000 S. OCEAN BLVD #606		STREET ADDRESS 3000 S OCEAN BLVD #1503	
CITY-ST-ZIP BOCA RATON, FL 00000		CITY-ST-ZIP BOCA RATON FL	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIELD, MARSHALL		NAME HAGGERTY, DAVID	
STREET ADDRESS 3000 S OCEAN BLVD., #606		STREET ADDRESS 3000 S OCEAN BLVD #501	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON FL	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGGERTY, DAVID		NAME	
STREET ADDRESS 3000 S OCEAN BLVD., 3501		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSELLE, HARRY		NAME	
STREET ADDRESS 3000 S OCEAN BLVD, #705		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 00000		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUDING, DONALD		NAME	
STREET ADDRESS 3000 S OCEAN BLVD, #301		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 00000		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 OF HARRY RUSSELLE DATE: April 12/2000 DAYTIME PHONE #: 561-3924113

CR2E037 (9/99)