

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716531

1. Entity Name

THREE THOUSAND SOUTH ASSOCIATION, INC.

Principal Place of Business

3000 S. OCEAN BLVD
BOCA RATON FL 33432
US

Mailing Address

3000 S. OCEAN BLVD
BOCA RATON FL 33432
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, GILLESPIE & ALLISON, P.A.
1515 SOUTH FEDERAL HIGHWAY SUITE #300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1308868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 NAME STREET ADDRESS CITY-ST-ZIP	V BROD, KURT 3000 S OCEAN BLVD., #1504 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELD, MARSHALL 3000 S OCEAN BLVD #606 BOCA RATON, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELANEY, HAROLD 300 S. OCEAN BLVD #702 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGGERTY, DAVID 3000 S OCEAN BLVD., 3501 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELLE, HARRY 3000 S OCEAN BLVD, #705 BOCA RATON, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUDING, DONALD 3000 S OCEAN BLVD, #301 BOCA RATON, FL 00000	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP GREEN 3000 S. OCEAN BLVD. #1506 BOCA RATON FL. 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP McCafferty 3000 S. OCEAN BLVD. #1205 BOCA RATON FL 33432	<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	S HAGGERTY, DAVID 3000 S. OCEAN BLVD. #501 BOCA RATON FL. 33432	<input checked="" type="checkbox"/> Change <input 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		<input 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:

H. Ruselle HARRISON RUSSELLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 28/01

561-392-4113

Date

Daytime Phone #

CR2E037 (10/00)

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