

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90470 042 ****61.25

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

4. FEI Number **59-1308868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SEEKAMP, CHRIS	
STREET ADDRESS	3000 S OCEAN BLVD #1202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, PHILLIP	
STREET ADDRESS	3000 S OCEAN BLVD #1506	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DELANEY, HAROLD	
STREET ADDRESS	300 S. OCEAN BLVD #702	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, DAVID	
STREET ADDRESS	3000 S OCEAN BLVD., 3501	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WEISBART, IRA	
STREET ADDRESS	3000 S OCEAN BLVD #202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, PAUL	
STREET ADDRESS	3000 S OCEAN BLVD #402	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, PAUL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBART, IRA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELANEY, JOSEPHINE	
STREET ADDRESS	3000 S. OCEAN BLVD #702	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASMUS, EDWARD	
STREET ADDRESS	3000 S. OCEAN BLVD #1005	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAFFERTY, PHILLIP	
STREET ADDRESS	3000 S. OCEAN BLVD #1205	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, HARRY	
STREET ADDRESS	3000 S. OCEAN BLVD #705	
CITY-ST-ZIP	BOCA RATON FL. 33432	

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

4/8/03

561-392-4113

CR2E037 (10/02)