


**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 Mailing Address

**3000 S. OCEAN BLVD
BOCA RATON FL 33432
US** **3000 S. OCEAN BLVD
BOCA RATON FL 33432
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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 _____ (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	RUSSELLE, 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* LEVINE 4/8/03 561-392-4113

CPRE037 (10/02)