

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-01-2001 90004 029 ****61.25

DOCUMENT # 717995

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 3, INC.

Principal Place of Business

**5500 NW 2ND AVENUE, 5TH FLOOR
 BOCA RATON FL 33487**

Mailing Address

**5500 NW 2ND AVENUE, 5TH FLOOR
 BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1313162

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANDAU, GEORGE
 5700 N.W. 2ND AVENUE
 #312
 BOCA RATON FL 33487**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
 NAME **O'DAY, NANCY**
 STREET ADDRESS **5500 NW 2ND AVENUE, #323**
 CITY-ST-ZIP **BOCA RATON, FL**

TITLE **VP** ☐ Change ☒ Addition
 NAME **CHARLES AYLWARD**
 STREET ADDRESS **5700 NW 2ND AV #302**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☒ Delete
 NAME **DEPHAMPHLIS, RICARDO**
 STREET ADDRESS **5500 NW 2ND AV #117**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Change ☒ Addition
 NAME **MICHAEL GIBEAU**
 STREET ADDRESS **5500 NW 2ND AV #317**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
 NAME **TREDEAU, DAVID**
 STREET ADDRESS **5700 NW 2ND AVENUE, #512**
 CITY-ST-ZIP **BOCA RATON, FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARCIA SCHIFF**
 STREET ADDRESS **5500 NW 2ND AV #223**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☒ Delete
 NAME **SEAMAN, CHRISTINE**
 STREET ADDRESS **5700 NW 2ND AVE, #703**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

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

TITLE **DT** ☐ Delete
 NAME **CARR, JAMES**
 STREET ADDRESS **5700 NW 2ND AVE #201**
 CITY-ST-ZIP **BOCA RATON, FL**

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

TITLE **P** ☐ Delete
 NAME **LANDAU, GEORGE**
 STREET ADDRESS **5700 NW 2ND AVE., #312**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)