

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90060 036 \*\*\*\*61.25

0041027

**DOCUMENT # 718325**

1. Entity Name

**BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**9100 W BAY HARBOR DRIVE  
 BAY HARBOR ISLAND FL 33154**

**9100 W BAY HARBOR DR  
 BAY HARBOR ISLAND FL 33154  
 US**

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

**59-1279288**

Applied For

Not Applicable

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

**KALLICHE, ANTHONY A E  
 5201 BLUE LAGOON DR  
 SUITE 100  
 MIAMI FL 33126**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 MANCINO, CAROL  
 9102 W. BAY HARBOR DR. #9AW  
 BAY HARBOR ISLAND FL 33154** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MARCIAL, PHYLLIS  
 9100 W. BAY HARBOR DR. #10BE  
 BAY HARBOR ISLAND FL 33154** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 RABIN, KYLE  
 9100 W BAY HARBOR DR, SUITE 11AE  
 BAY HARBOR ISLAND FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 BECK, SHIRLEY  
 9102 W. BAY HARBOR DR. #8C-W  
 BAY HARBOR ISLAND FL 33154** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 RAMERINI, JANET  
 9102 W BAY HARBOR DR., #4CW  
 BAY HARBOR ISLAND FL 33134** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRESIDENT / TREASURER** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MCLOUGHLIN, JOHN  
 9100 W BAY HARBOR DR., 10C-E  
 BAY HARBOR ISLAND FL 33154** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 BARASH, SYLVIA  
 9100 W BAY HARBOR DR., #7CE  
 BAY HARBOR ISLAND FL 33154** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ASSISTANT TREASURER** ☒ Change ☐ 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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/01**

**305-865-0451**

Date

Daytime Phone #

CR2E037 (10/00)