

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90005 001 ***490.00

DOCUMENT # 719230

1. Entity Name

EVERETT ARMS NO. 7 ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

3550 N W 8TH AVE
 POMPANO BEACH FL 33064

~~3550 N W 8TH AVE~~
~~POMPANO BEACH FLA 33064-9863~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33432

Palm Beach

4. FEI Number

57-0541036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FEGAN MARY ANN~~
~~3550 NW 8TH AVE, APT. 710~~
~~POMPANO BCH. FL 33064~~

Name

THOMAS LESLIE

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

221 W. CAMINO REAL

City

BOCA RATON

FL

Zip Code

33432

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

Thomas Leslie THOMAS LESLIE

6/28/00

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 PD Delete
 NAME LOVATT, WILLIAM
 STREET ADDRESS 3550 NW 8TH AVE., #702
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VP, S, D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME ORBEN, SELMA
 STREET ADDRESS 3550 NW 8TH AVE., #714
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME FEGAN, MARY ANN
 STREET ADDRESS 3550 NW 8TH AVE., #710
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T, D Change Addition
 NAME MARY JANE McDUFFEE
 STREET ADDRESS 3550 NW 8TH AVE, #716
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P, D Change Addition
 NAME KENNETH EVANS
 STREET ADDRESS 3550 NW 8TH AVE, #710
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Kenneth Evans SIGNATURE REQUIRED KENNETH EVANS PRES

6/28/00

(561) 392-0637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-7-1037 (9/99)