

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722451

1. Entity Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING # 1,

Principal Place of Business

501 NE 14TH AVENUE
HALLANDALE FL 33009

Mailing Address

501 NE 14TH AVENUE
HALLANDALE FL 33009-3681

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

59-1444565

Applied For

Not Applied

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

FOGLIA, BARBARA

501 NE 14 AVE

208

HALLANDALE FL 33009

Name

Ansell, Alan

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

501 NE 14 Ave - #105

City

Hallandale

FL

Zip Code

33009

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

Alan D. Ansell Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/24/00

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 SD ☒ Delete
NAME DELGATTI, LOUISE
STREET ADDRESS 501 NE 13 AVE, 307
CITY-ST-ZIP HALLANDALE FL 33009

TITLE Asst. Treas. - Director ☐ Change ☒ Addition
NAME Arnee Rotaru
STREET ADDRESS 501 NE 14 Ave.
CITY-ST-ZIP Hallandale, FL 33009

TITLE PD ☒ Delete
NAME WELCH, DONALD
STREET ADDRESS 501 NE 14TH AVE #107
CITY-ST-ZIP HALLANDALE FL 33009

TITLE Secretary - Director ☐ Change ☒ Addition
NAME Rita Tenneyson
STREET ADDRESS 501 NE 14 Ave.
CITY-ST-ZIP Hallandale, FL 33009

TITLE TD ☐ Delete
NAME GWOZD, BETTY L
STREET ADDRESS 501 NE-14 AVE
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE PD ☐ Delete
NAME FOGLIA, BARBARA
STREET ADDRESS 501 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE Vice President - Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ANSELL, ALAN
STREET ADDRESS 501 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE President - Director ☒ Change ☐ Addition
NAME Ansell, Alan
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

Date

Daytime Phone #