

2000 UNIFORM BUSINESS REPORT (UBR)

3/9/

FILED

May 17, 2000 8:00 am
Secretary of State

03-09-2000 90090 005 ****61.25

DOCUMENT # 723573

1. Entity Name

SAPPHIRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4000 N.W. 44TH AVE.
LAUDERDALE LAKES FL 33319

Mailing Address

4000 N.W. 44TH AVE.
LAUDERDALE LAKES FL 33319-4841

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1512053

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPTIN, IRENE
4000 N.W. 44 AVE.
LAUDERDALE LAKES FL 33319

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PLANCEY, SALLY	
STREET ADDRESS	4000 NW 44TH AVENUE	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ZUFLACHT, JACK	
STREET ADDRESS	4000 NW 44TH AVE.	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, IRENE	
STREET ADDRESS	4000 N.W. 44 AVE	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEVY, NINA	
STREET ADDRESS	4000 NW 44 AVE.	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33319	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)