2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **724962** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** FAIRCREST 14 SOCIAL ASSOCIATION, INC. 03-08-2000 90035 012 ****61.25 Principal Place of Business Mailing Address **6990 N W 71ST STREET** 6990 N W 71ST STREET TAMARAC FL 33321-5436 TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 23-7248305 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRINCIPE KegINA Street Address (P.O. Box Number is Not Acceptable) FELDMAN; IRVING 7104 N.W 73RD STREET 33321 TAMARAC FL 33321 City Zin 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 aped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. REGINA PRINCIPE Change TITLE CR2E037 (9/99) **Delete** TITLE NAME NAME FELDMAN, IRVING 7200 N.W. VIST AVE. STREET ADDRESS STREET ADDRESS 7104 N.W 73RD ST. TAMARACIFL. 33321 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 FLORENCE STOCKHAMAPPEN Addition ☐ Delete TITLE TITLE NAME PRINCIPE, REGINA NAME 67 JUN.W. 71St St. STREET ADDRESS STREET ADDRESS 7200 N.W. 71ST AVE. TAMARAC, FL. 33321 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Addition Delete LOZIER PETE NAME LOZIER, PETE NAME 6810 N.W. 70 5 St. STREET ADDRESS STREET ADDRESS 6800 N.W 70TH ST. TAMIFRAC, EL, 33321 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 SOL LEONE ☐ Change Addition TITLE 👿 Delete TITLE 6700 NW-9255 NAME CAMPAGNOLA, THOMAS NAME STREET ADDRESS STREET ADDRESS 7104 N.W. 71ST ST. TAMARAG FL. 33321 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 PAT. GUTHLEIN Change Addition . TITI F TID F Delete 🔀 NAME STOCKHAMMER, FLORENCE NAME 6714 NW 70 % ST. STREET ADDRESS STREET ADDRESS 6714 N.W. 71ST ST. TAMARKO, FL- 33321 CITY-ST-ZIP CITY-ST-ZIP Tamarac FL 33321 HNNECH GRECO Change Addition 7002 NOW 7/St AVE. **⊠**Delete TITLE n TITI F NAME NAME CAVELLO, DICK STREET ADDRESS STREET ADDRESS 7103 N.W. 70TH ST. CITY-ST-ZIP CITY-ST-ZIP AMARKC, TAMARAC FL 33321 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. ATUINLA EQUE ED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR