

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724962

1. Entity Name

FAIRCREST 14 SOCIAL ASSOCIATION, INC.

Principal Place of Business

6990 N W 71ST STREET
TAMARAC FL 33321

Mailing Address

6990 N W 71ST STREET
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7248305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRINCYNE, REGINA
7200 NW 71 AVE
FORT LAUDERDALE FL 33321

7. Name and Address of New Registered Agent

Name IRVING FELDMAN

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

7104 N.W. 73RD ST.

City TAMARAC

FL

Zip Code 33321

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

4-10-2001

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PRINCIPE, REGINA 7200 NW 71ST AVE TAMARAC FL 33321 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUTHLEIN, PAT 6714 NW 70TH ST TAMARAC FL 33321 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LOZIER, PETE 6810 NW 70 ST FORT LAUDERDALE FL 33321 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOL, LEONE 6700 NW 72ST TAMARAC FL 33321 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STOCKHAMMER, FLORENCE 6714 N.W. 71ST ST. TAMARAC FL 33321 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAVELLO, DICK 7103 N.W. 70TH ST. TAMARAC FL 33321 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | IRVING FELDMAN 7104 N.W. 73RD ST. TAMARAC FL 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CONCETTA BAIO 6609 N.W. 72 ST TAMARAC, FL 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOSEPHINE-URBANO 7101 NW 69th AVE TAMARAC-FL 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHARLES DESANTI 6611 N.W. 71 ST. TAMARAC, FL 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HAZEL ASHLEY 6706 NW 73 ST TAMARAC FL 33321 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 954-726-1377

CR2E037 (10/00)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90253 010 ****61.25



DO NOT WRITE IN THIS SPACE