

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90027 044 \*\*\*\*61.25

**DOCUMENT # 726981**

1. Entity Name

**THE CORINTHIAN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

936 INTRACOASTAL DRIVE  
 FT LAUDERDALE FL 33304

Mailing Address

936 INTRACOASTAL DRIVE  
 FT LAUDERDALE FL 33304-3640

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

**59-1596364**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PAPPAS, JAMES**  
**936 INTRACOASTAL DRIVE**  
**FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name: **James Pappas Secretary**  
 Street Address (P.O. Box Number is Not Acceptable): **936 Intracoastal Dr 22F**  
 City: **Ft Lauderdale** FL Zip Code: **33304**

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 \$61.25**

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	DBM SULMAN, ARNOLD 936 INTRACOASTAL DR., #4F FORT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNE, JANICE 936 INTRACOASTAL DR., 17F FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM BARUCH, MALYN C 936 INTRACOASTAL DR 12G FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMWEY, CHARLES 936 INTRACOASTAL DR 18F FT. LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICKSON, KEITH 936 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGAN, JAMES 936 INTRACOASTAL DR 22F FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gordon Earle 22A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Shutrump 936 Intracoastal Dr Ft Laud. FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernard Ucko 936 Intracoastal Dr 10B Ft Laud. FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frederickson, Keith 9F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hogan, James 4A	<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 REQUIRED**

**3-8-2000**

Date

Daytime Phone #