

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729152

1. Entity Name

EASTERN SHORES CIVIC ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90061 016 ****61.25

Principal Place of Business

3545 N.E. 166TH ST.,
PENTHOUSE 10
NORTH MIAMI BCH. FL 33160-3524

Mailing Address

3545 N.E. 166TH ST.,
PENTHOUSE 10
NORTH MIAMI BCH. FL 33160-3885

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

23-7377249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE, DANIEL C
STE 612 BISCAYNE BLDG
MIAMI FL

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 \$61.25

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 **SD** ☐ Delete
NAME **WITT, BERNICE**
STREET ADDRESS **3601 N.E. 170TH ST.**
CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **PD** ☐ Delete
NAME **LITTMAN, SHERRY**
STREET ADDRESS **3545 N.E. 166TH ST PH-10**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **TD** ☐ Delete
NAME **ABBOTT, ELIZABETH**
STREET ADDRESS **3703 NE 166 ST APT 207**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: Elizabeth Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

305-944-7291
Daytime Phone #

CR2E037 (9/99)