

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90083 012 \*\*\*\*61.25

**DOCUMENT # 729152**

1. Entity Name

**EASTERN SHORES CIVIC ASSOCIATION, INC.**

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 33160-3524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7377249**

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

7. Name and Address of New Registered Agent

**GEORGE, DANIEL C**  
**STE 612 BISCAYNE BLDG**  
**MIAMI FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE<br>NAME  | SD<br>WITT, BERNICE      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3601 N.E. 170TH ST.      |                                 |
| CITY-ST-ZIP    | N MIAMI BCH FL           |                                 |
| TITLE<br>NAME  | PD<br>LITTMAN, SHERRY    | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3545 N.E. 166TH ST PH-10 |                                 |
| CITY-ST-ZIP    | N MIAMI BEACH FL         |                                 |
| TITLE<br>NAME  | TD<br>ABBOTT, ELIZABETH  | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3703 NE 166 ST APT 207   |                                 |
| CITY-ST-ZIP    | N MIAMI BEACH FL         |                                 |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |  |   |
|----------------|--|---|
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:** *Sherry Littman* **Sherry Littman** 4/27/01 3059446882  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)