## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 732671** 1. Entity Name 02-08-2001 90151 050 \*\*\*\*61.25 709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC. Principal Place of Business Mailing Address 709 CURTISS PARKWAY 709 CURTISS PARKWAY MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1640243 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, MARION 709 CURTISS PARKWAY **UNIT #30** City Zip Code MIAMI SPRINGS FL 33166 FI 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 ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE Change PHILLIPS, MARION NAME 709 CURTISS PARKWAY #30 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 VD. TITLE ☐ Delete TIT! F ☐ Change Addition STOLTZ, JEAN NAME NAME STREET ADDRESS .709 CURTISS PARKWAY #11 STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition VANN, HARLAN J NAME NAME STREET ADDRESS 709 CURTISS PKWY #32 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI SPRINGS FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAMBERT, DUDLEY NAME NAME STREET ADDRESS STREET ADDRESS 709 CURTISS PARKWAY #31 CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRING FL TITLE ☐ Delete TITI F Change ☐ Addition NAME LEACH, LESTER NAME STREET ADDRESS 709 CURTISS PARKWAY #34 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINS FL 33166 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-5-01

305-887-5076

Daytime Phone #

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