

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90088 021 ****61.25

DOCUMENT # 734765

1. Entity Name

GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

LAND CAD PROPERTY INC
13800 SW 144 AVE RD
MIAMI FL 33186
US

13800 SW 144 AVE. ROAD
MIAMI FL 33186-6765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1644873

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SUITS, STEPHEN
13800 SW 144 AVENUE ROAD
MIAMI FL 33186

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	D	<input checked="" type="checkbox"/> Delete
NAME	BREWER, GLENN	
STREET ADDRESS	35250 SW 177 CT #32	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OSTERGAARD, RUTH	
STREET ADDRESS	12732 SW 250 TERR	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RESCIGNO, DEBORAH	
STREET ADDRESS	35250 SW 177 CT #83	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, ROBERT J.	
STREET ADDRESS	35250 SW 177TH CT., #107	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CULBERT, RUTH	
STREET ADDRESS	35250 SW 177 CT #52	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTEN, NORA	
STREET ADDRESS	35250 SW 177 CT. #192	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTKE, NANCY	
STREET ADDRESS	35250 SW 177 CT. #143	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMART, GWENDOLYN	
STREET ADDRESS	35250 SW 177 CT. # 85	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOTTOMLEY, DONALD	
STREET ADDRESS	35250 SW 177 CT. #88	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULBRETH, RUTH	
STREET ADDRESS	35250 SW 177 CT. #52	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACINNES, DONALD	
STREET ADDRESS	5975 SW 102 STREET	
CITY-ST-ZIP	MIAMI, FL 33156	

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 #

CR2E037 (9/99)