

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91609 021 ****61.25

DOCUMENT # 735716

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 8, INC.

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP INC
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487
 US

C/O PRIME MANAGEMENT GROUP INC
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1689831

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

SWATT, MYRON I
 C/O PRIME MANAGEMENT GROUP INC
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487-8290

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 **TD** ☐ Delete
 NAME **FREEDMAN, JACK**
 STREET ADDRESS **6200 NW 2ND AVE., #420**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **SD** ☒ Delete
 NAME **ZEILLER, GEORGE**
 STREET ADDRESS **6300 NW 2ND AVE #210**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VID** ☐ Change ☒ Addition
 NAME **FORTUNATO, ALBERT**
 STREET ADDRESS **6100 NW 2ND AVE #221**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PD** ☐ Delete
 NAME **FEINSTEIN, SARA**
 STREET ADDRESS **6100 NW 2ND AVE #230**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SD** ☒ Change ☐ Addition
 NAME **FEINSTEIN, SARA**
 STREET ADDRESS **6100 NW 2ND AVE #230**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VD** ☐ Delete
 NAME **SEEWALD, CECILE**
 STREET ADDRESS **6300 NW 2ND AVE #302**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PID** ☒ Change ☐ Addition
 NAME **SEEWALD, CECILE**
 STREET ADDRESS **6300 NW 2ND AVE #302**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
 NAME **MURATORE, JOHN**
 STREET ADDRESS **6200 NW 2ND AVE #417**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

Cecile Seewald, Pres.

4/29/02 561-241-4425

CR2E037 (9/01)