

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736309

1. Entity Name

UPMINSTER "G" CONDOMINIUM ASSOCIATION, INC..

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

Principal Place of Business  
**FLORENCE**  
C/O ~~MARK~~ ROTHMAN  
UPMINSTER G 151  
DEERFIELD BCH FL 33442

Mailing Address  
**FLORENCE**  
C/O ~~MARK~~ ROTHMAN  
UPMINSTER G 151  
DEERFIELD BCH FL 33442-2846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
**59-1905998**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  
VILLAGE EAST, INC.(COOCVE)  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ROTHMAN, FLORENCE<br>151 UPMINSTER G<br>DEERFIELD BEACH FL 33442  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LUKACS, JOE<br>154 UPMINSTER G<br>DEERFIELD BEACH FL 33442        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>APPELBAUM, THELMA<br>UPMINSTER G 146<br>DEERFIELD BEACH FL 33442  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FRADKIN, SIDNEY<br>200 UPMINSTER L<br>DEERFIELD BEACH FL 33442     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SEGELBAUM, ALFRED<br>150 UPMINSTER G<br>DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 REQUIRED *Neil Hadler* 1-31-2000 427 50 23  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)