

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90179 007 ****61.25

DOCUMENT # 744739

1. Entity Name

CONDOMINIUM ASSOCIATION OF DRAKE TOWER, INC.

Principal Place of Business

**1800 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33311**

Mailing Address

**1800 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1875030

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

**HALLACKER, ALLEN
 1800 N ANDREWS AVE # 8C
 FT. LAUDERDALE FL 33311**

Name **Michael Patton**

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

1800 N. Andrews Ave #11-J

City **Ft. Lauderdale**

FL

Zip Code **33311**

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

Michael Patton

Michael L. Patton

1/16/01

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** ☐ Delete
 NAME **BECKER, ROBERT**
 STREET ADDRESS **1800 N. ANDREWS AVE. #2J**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☒ Change ☐ Addition
 NAME **Becker, Robert**
 STREET ADDRESS **1800 N. Andrews Ave. #7A**
 CITY-ST-ZIP **Ft. Lauderdale**

TITLE **T** ☐ Delete
 NAME **HALLACKER, ALLEN**
 STREET ADDRESS **1800 N ANDREWS AVE #8C**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **T** ☐ Change ☒ Addition
 NAME **Karl Grace**
 STREET ADDRESS **1800 N. Andrews Ave #4K**
 CITY-ST-ZIP **Ft. Lauderdale FL 33311**

TITLE **D** ☒ Delete
 NAME **WHEELER, AL**
 STREET ADDRESS **1800 N ANDREWS AVE #8F**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **S** ☐ Change ☒ Addition
 NAME **Michael Patton**
 STREET ADDRESS **1800 N. Andrews Ave #11-J**
 CITY-ST-ZIP **Ft. Lauderdale FL 33311**

TITLE **PD** ☐ Delete
 NAME **TALBOT, TIMOTHY**
 STREET ADDRESS **1800 N. ANDREWS AVE. #8D**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Talbot, Timothy**
 STREET ADDRESS **1800 N. Andrews Ave. #7G**
 CITY-ST-ZIP **Ft. Lauderdale FL 33311**

TITLE **V** ☐ Delete
 NAME **QUADT, IRENE**
 STREET ADDRESS **1800 N. ANDREWS AVE. #11A**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Michael Patton

Michael L. Patton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)