

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90041 041 \*\*\*\*61.25

**DOCUMENT # 745936**

1. Entity Name

**L'HERMITAGE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2000 S.BAYSHORE DR.  
 MIAMI FL 33133**

**2000 S.BAYSHORE DR.  
 MIAMI FL 33133-3256**

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

**59-2089772**

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

**ADLER, IRWIN  
 2601 SOUTH BAYSHORE DRIVE  
 SUITE 1475  
 MIAMI FL 33133**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROTHSTIEN, JEFFREY</b> <b>2000 SOUTH BAYSHORE DRIVE #41</b> <b>MIAMI FL 33133</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BIONDI, WILLIAM</b> <b>20000 SOUTH BAYSHORE DRIVE #2</b> <b>MIAMI FL 33133</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, JOANNE</b> <b>2000 SO BAYSHORE DR # 7</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP (CHANGE) →</b> <b>SWEENEY, ALLEN</b> <b>2000 S. BAYSHORE DR. #50</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D (CHANGE) →</b> <b>BARNETT, STANLEY</b> <b>2000 S BAYSHORE DR #45</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDSTEIN, HELEN</b> <b>2000 S BAYSHORE DR #30</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>ALLEN SWEENEY</b> <b>2000 SOUTH BAYSHORE DRIVE #50</b> <b>MIAMI, FL. 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <b>STANLEY BARNETT</b> <b>2000 SOUTH BAYSHORE DR. #45</b> <b>MIAMI, FL. 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MARCHANT MOORE</b> <b>2000 SOUTH BAYSHORE DR. #08</b> <b>MIAMI, FL. 33133</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JAMES SWEENEY</b> <b>2000 SOUTH BAYSHORE DR #51</b> <b>MIAMI, FL. 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)