

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90006 009 ****61.25

DOCUMENT # 746058
1. Entity Name
 Farshaw at Century Village Condo ✓

Principal Place of Business 6300 PARK OF COMMERCE BLVD
Mailing Address SAME
 BOCA RATON, FL 33487

00046323

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

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

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2106707
☐ 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
 Herman Lipson
 434 Farshaw K
 BOCA RATON, FL 33437

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 X
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW
FEE IS \$8.75

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	PO	☐ Delete
NAME	Herman Lipson	
STREET ADDRESS	434 Farshaw K	
CITY-ST-ZIP	BOCA RATON, FL 33437	
TITLE	TRG	☐ Delete
NAME	Freida Plavnick	
STREET ADDRESS	621 Farshaw O	
CITY-ST-ZIP	BOCA RATON, FL 33437	
TITLE	VP	☐ Delete
NAME	EORTH Posner	
STREET ADDRESS	406 Farshaw W	
CITY-ST-ZIP	BOCA RATON, FL 33437	
TITLE	D	☐ Delete
NAME	William Pischel	
STREET ADDRESS	12 Farshaw A	
CITY-ST-ZIP	BOCA RATON, FL 33437	
TITLE	D	☐ Delete
NAME	Bob Karp	
STREET ADDRESS	174 Farshaw B	
CITY-ST-ZIP	BOCA RATON, FL 33437	
TITLE	D	☐ Delete
NAME	Saul Birnbaum	
STREET ADDRESS	112 Farshaw C	
CITY-ST-ZIP	BOCA RATON, FL 33437	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: X [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (9/99)