

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746268

1. Entity Name

LANDMARK PLAZA OFFICE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

400 E MERRITT AVENUE
SUITE A
MERRITT ISLAND FL 32953-0492
US

Mailing Address

779 E MERRITT ISLAND CAUSEWAY
SUITE 830
MERRITT ISLAND FL 32952-3307
US

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

59-2139006

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

LEWIS, PAUL
779 E MERRITT ISLAND CAUSEWAY
SUITE 830
MERRITT ISLAND FL 32952-3307

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	SD CHURCH, CHARLES WILLIAM 400 E. MERRITT AVE. #B MERRITT ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDATE, TONY 400 E MERRITT AVE C MERRITT ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLIKEN, ROBERT 400 E. MERRITT AVE. #F MERRITT ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, PAUL 400 E. MERRITT AVE. #A MERRITT ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Lewis, Jr.

Date

Daytime Phone #

2/4/01 321-636-0746

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90055 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)