

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748997

1. Entity Name

CHERRY GROVE CONDOMINIUM NO. 10/5 ASSOCIATION, I

Principal Place of Business

8621 SOUTHWEST 93RD CT.  
MIAMI FL 33173

Mailing Address

8621 SOUTHWEST 93RD CT.  
MIAMI FL 33173

2. Principal Place of Business

9341 S.W. 88 STREET

3. Mailing Address

9341 S.W. 88 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

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

YANCEY, ROSE A  
8621 SW 93RD CT.  
MIAMI FL 33173

Name

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

9341 SW 88 STREET

MIAMI

City

FL

Zip Code

33176

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

*Rose Anna Yancey*

(NOTE: Registered Agent signature required when reinstating)

7-11-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD YANCEY, ROSE A 8621 SOUTHWEST 93RD CT. MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDING, STACIE R 8940 SOUTHWEST 95TH AVE MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YANCEY, REBECCA A 9170 SOUTHWEST 95TH AVE MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	9341 SW 88 STREET MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9170 SW 95 AVENUE	<input checked="" type="checkbox"/> Change <input 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
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:

*Rose Anna Yancey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date

305 596 6636

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

FILED  
Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90025 028 \*\*\*\*61.25