

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/C

FILED

Apr 27, 2000 8:00 am
Secretary of State

02-08-2000 90166 009 ****61.25

DOCUMENT # 749489

1. Entity Name

PIEDMONT "L" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CAMS
314 NE 3RD ST
BOYNTON BEACH FL 33435
US

C/O CAMS
314 NE 3RD ST
BOYNTON BEACH FL 33435-3892
US

2. Principal Place of Business

3. Mailing Address

c/o S.F.L. Services of Boynton Beach, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

660 NW 10th Court

660 NW 10th Court

City & State

City & State

Boynton Beach, Florida

Boynton Beach, Florida

Zip

Country

Zip

Country

33426

USA

33426

USA

4. FEI Number

59-2039756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

S.F.L. Services of Boynton Beach, Inc.

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

660 NW 10th Court

City

Boynton Beach

FL

Zip Code

33426

LADWIG, PATTI H., PA
12765 W FOREST HILL BLVD
STE 1312
WELLINGTON FL 33414

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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEITZBERG, WILLY	
STREET ADDRESS	569 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	REISCH, JOSEPH	
STREET ADDRESS	588 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GELLER, JANET	
STREET ADDRESS	532 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	GOLDMAN, SYDNEY	
STREET ADDRESS	556 PIEDMONT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAHN, SIDNEY	
STREET ADDRESS	553 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33484	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33484	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33484	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33484	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33484	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Saiewitz, Daniel	
STREET ADDRESS	530 Piedmont L	
CITY-ST-ZIP	Delray Beach, Florida 33484	

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 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

Date

Daytime Phone #

3/3/00 (561) 736-7054