

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751814

1. Entity Name

WARDEN HOUSE ASSOCIATES, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90044 034 \*\*\*\*61.25

Principal Place of Business

200 N OCEAN BLVD  
PALM BEACH FL 33480  
US

Mailing Address

2994 JOG RD  
#B  
GREENACRES FL 33467-2000

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

59-2405394

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

GERRISON, RICHARD H  
C/O CMC MGMT  
2994 JOG RD #B  
GREENACRES FL 33467

Name

Richard Gerrish

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-2000

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	PD	<input type="checkbox"/> Delete
NAME	FORSYTHE, CARL S III	
STREET ADDRESS	420 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10170	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, HOWARD	
STREET ADDRESS	200 N OCEAN BLVD #3	
CITY-ST-ZIP	PALM BCH. FL 00000 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAY, MARCIA	
STREET ADDRESS	200 N OCEAN BLVD #6	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINER, EDWARD S.	
STREET ADDRESS	200 N OCEAN BLVD. #2	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DENNIS L.	
STREET ADDRESS	7798 NEMEC DRIVE - South	
CITY-ST-ZIP	WEST PALM BCH, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered.

SIGNATURE:

DENNIS L. JOHNSON

3/21/2000

561-  
641-1016

Date

Daytime Phone #

CR2E037 (9/99)