

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2000 90067 019 \*\*\*\*61.25

**DOCUMENT # 752850**

1. Entity Name

**3365 PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% CURTIS R MOSLEY  
 3365 SO. ATLANTIC AVE UNIT 3  
 COCOA BEACH FL 32931

% CURTIS R MOSLEY  
 3365 SO. ATLANTIC AVE UNIT 3  
 COCOA BEACH FL 32931-2115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2995711**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOSELY, CURTIS R.**  
**3365 SOUTH ATLANTIC AVENUE**  
**COCOA BEACH FL**

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

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	VPD	<input type="checkbox"/> Delete
NAME	PHINNEY, JACK T.	
STREET ADDRESS	3365 S. ATLANTIC AVE #2	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CHARLES W.	
STREET ADDRESS	3365 S. ATLANTIC AVE #3	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, PAUL	
STREET ADDRESS	3365 S. ATLANTIC AVE #1	
CITY-ST-ZIP	COCOA BEACH FL	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Betty	
STREET ADDRESS	3365 So. Atlantic Ave. # 3	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Spurrier	
STREET ADDRESS	3365 So. Atlantic Ave #1	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
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 with an address, with all other like empowered.

SIGNATURE: *Betty Anderson* **STD Betty Anderson** 3/26/00 321-783-5479  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)