FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE

Jan 19, 2001 8:00 am **DOCUMENT # 763504** Secretary of State 01-19-2001 90055 030 ****61.25 SUNFLOWER MARGATE ASSOCIATION, INC. Principal Place of Business Mailing Address POB OX 772488 POB OX 772488 CORAL SPRINGS FL 33077 CORAL SPRINGS FL 33077 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0034273 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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). SILVERMAN, MELVIN 7619 SUNFLOWER DRIVE MARGATE FL 33063 City Zip Code FL 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/00) TITLE TITLE 🙀 Delete POLICELLA, GAIL NAME NAME DIO NW STREET ADDRESS 1801 NW 80TH AVE. STREET ADDRESS CR2E037 HARGATE, FL CITY-ST-ZIP CITY-ST-ZIP MARGATE FL ☐ Delete TITLE TITLE ☐ Change Addition HUERTAS, ROSIE NAME NAME STREET ADDRESS 7904 NW 19TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MARGATE FL 33063 TITLE Delete TITLE □ Change Addition **GUZMAN, TRACY** NAME NAME STREET ADDRESS 7908 NW 19TH ST. STREET ADDRESS CITY-ST-ZIP MARGATE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition POLICELLA, JOHN NAME NAME STREET ADDRESS 1801 NW 80TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL TITLE Delete TITLE ☐ Change Addition NAME SANDIDGE, FRANK NAME STREET ADDRESS 7808 SUNFLOWER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MARGATE FL TITLE Delete n TITLE ☐ Change Addition NAME MINUTOLI, DIQUE NAME STREET ADDRESS 7800 NW 18TH PLACE STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP MARGEUTE FL 33063 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

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