

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-19-2000 90022 015 ****61.25

DOCUMENT # 765118

1. Entity Name

701 RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**701 N RIVERSIDE DR
POMPANO BCH FL 33062**

**701 N RIVERSIDE DR
POMPANO BCH FL 33062-4539**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2230899

Applied For

Not Applied

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**POLIAKOFF, GARY A., ESQ.
6520 N. ANDREWS AVENUE
BOX 9057
FT. LAUDERDALE FL 33310-9057**

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 **D** ☐ Delete
NAME **FITZGERALD, EUGENE**
STREET ADDRESS **701 N RIVERSIDE DRIVE APT 502**
CITY-ST-ZIP **POMPANO BCH, FL 00000 33062**

TITLE **PD** ☐ Change ☐ Addition
NAME **FITZGERALD, EUGENE**
STREET ADDRESS **701 N RIVERSIDE DR #502**
CITY-ST-ZIP **POMPANO BCH, FL 33062**

TITLE **DV** ☐ Delete
NAME **OSBORNE, JOE**
STREET ADDRESS **701 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BCH, FL 33062**

TITLE **DV** ☐ Change ☐ Addition
NAME **OSBORNE, JOE**
STREET ADDRESS **701 N RIVERSIDE DR #101**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **D** ☐ Delete
NAME **FLORIO, ROBERT**
STREET ADDRESS **701 N RIVERSIDE DR APT 803**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **D** ☐ Change ☐ Addition
NAME **FLORIO, ROBERT**
STREET ADDRESS **701 N RIVERSIDE DR #803**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **DT** ☐ Delete
NAME **GRANIZO, FRANK**
STREET ADDRESS **701 N RIVERSIDE DR APT 901**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **DT** ☐ Change ☐ Addition
NAME **GRANIZO, FRANK**
STREET ADDRESS **701 N RIVERSIDE DR #901**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **PSD** ☒ Delete
NAME **SCHAFER, JOHN**
STREET ADDRESS **701 N RIVERSIDE DR APT 503**
CITY-ST-ZIP **POMPANO FL 33062**

TITLE **DS** ☐ Change ☒ Addition
NAME **ACCIAVATTI, GRACE**
STREET ADDRESS **701 N RIVERSIDE DR #702**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 5, 2000 (954) 781-0408