

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767223

1. Entity Name

SEBASTIAN RIVER MEDICAL PLAZA CONDOMINIUM ASSOCI

Principal Place of Business

PO BOX 339  
ROSELAND FL 32957

Mailing Address

PO BOX 339  
ROSELAND FL 32957

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 59-2330105

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

TORRES, DIANE D  
13695 US HWY 1  
SEBASTIAN MEDICAL CENTER  
SEBASTIAN FL 32958

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LOCKWOOD, THOMAS W  
6145 MIRROR LAKE DR S  
SEBASTIAN FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
TORRES, DIANE D  
13695 US HWY 1  
SEBASTIAN FL 32958

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KNOWLES, DAISY C  
13695 US HWY 1  
SEBASTIAN FL

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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:

*Daisy C Knowles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 561 584-3186  
Date Daytime Phone #

FILED  
Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90164 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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