

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90024 026 ****61.25

DOCUMENT # 767223

1. Entity Name

SEBASTIAN RIVER MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PO BOX 339
ROSELAND FL 32957**

**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

Kathy Q. Burke

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

13695 US Hwy. 1

City

Sebastian

FL

Zip Code

32958

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

Kathy Q. Burke

Kathy Q. Burke

2/22/02

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

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

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **Kathy Q. Burke**
STREET ADDRESS **13695 US Hwy. 1**
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **STD** ☐ Delete
NAME **KNOWLES, DAISY C**
STREET ADDRESS **13695 US HWY 1**
CITY-ST-ZIP **SEBASTIAN FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Daisy C. Knowles

2/22/02 561 589-3186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)