

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770369

1. Entity Name

RESERVE COMMERCE CENTRE ASSOCIATION, INC.

Principal Place of Business

2160 RESERVE PARK TRACE
PT ST LUCIE FL 34986
US

Mailing Address

2160 RESERVE PARK TRACE
PT ST LUCIE FL 34986-3223
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5295 Town Center Rd

Suite 200

Boca Raton, FL

33486

6. Name and Address of Current Registered Agent

CSAPO, JOHN C
2160 RESERVE PARK TRACE
PT ST LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

William K. Isaacson

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

5295 Town Center Road

Suite #200

City

Boca Raton

FL

Zip Code

33486

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

2/17/00

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CSAPO, JOHN	
STREET ADDRESS	2160 RESERVE PARK TRACE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOMPSON, JOHN	
STREET ADDRESS	2160 RESERVE PARK TRACE	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARA, STEVEN	
STREET ADDRESS	2160 RESERVE PARK TRACE	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELFAND, JAYME	
STREET ADDRESS	2160 RESERVE PARK TRACE	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90123 048 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2765471
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (9/99)