

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2001 90016 014 *****70.00

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

**5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486
US**

2. Principal Place of Business

3. Mailing Address

21045 Commercial Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33486

USA

4. FEI Number

59-2765471

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TSAARSON, WILLIAM K
5295 TOWN CENTER ROAD
SUITE #200
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

WPII Pam K. Isaacson

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

90 Lang management

21045 Commercial Trail

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

**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 ☐ Delete
NAME CSAPO, JOHN
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT ST LUCIE FL

TITLE VPD ☐ Delete
NAME TOMPSON, JOHN
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE D ☐ Delete
NAME JARA, STEVEN
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE D ☐ Delete
NAME GELFAND, JAYME
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 #

CR2E037 (10/00)