

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90287 028 ***150.00

DOCUMENT # J85553

1. Entity Name

BOND APARTMENTS, INC.

Principal Place of Business

**401 CAMINO GARDENS BLVD
TOWER B, STE 207
BOCA RATON FL 33432**

Mailing Address

**401 CAMINO GARDENS BLVD
BOCA RATON FL 33432**

2. Principal Place of Business

401 CAMINO GARDENS BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33432

Country
USA

Country

4. FEI Number

59-2833615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELDMAN, JOEL H.
401 CAMINO GARDENS BLVD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DRINKWATER, GARY R.**
STREET ADDRESS **P O BOX 32 HSBC HOUSE RIDGEWAY ST**
CITY-ST-ZIP **DOUGLAS IS 1M99**

TITLE **S** ☐ Delete
NAME **FELDMAN, JOEL H.**
STREET ADDRESS **4800 N FEDERAL HWY D207**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D.** ☒ Delete
NAME **RIDINGS, SHAWN**
STREET ADDRESS **P O BOX 32 HSBC HOUSE RIDGEWAY ST**
CITY-ST-ZIP **DOUGLAS IS 1M99**

TITLE **S** ☒ Delete
NAME **TOWNE, STEPHEN**
STREET ADDRESS **P.O. BOX 02, HSBC HOUSE RIDGEWAY ST**
CITY-ST-ZIP **DOUGLAS, ISLE OF MAN 1M001**

TITLE **S** ☒ Delete
NAME **CARTLEDGE, KEVIN**
STREET ADDRESS **P O BOX 32 HSBC HOUSE RIDGEWAY ST**
CITY-ST-ZIP **DOUGLAS IS 1M99**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **MICHAEL HENNESSY**
CITY-ST-ZIP **PO BOX 32, HSBC HOUSE**
RIDGEWAY, DOUGLAS, IS 1M99

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

561-392-4400

Daytime Phone #

CR2E034 (10/00)