## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2000 8:00 am DOCUMENT # **K77201** Secretary of State CROCKER MIZNER PARK III. INC. 03-01-2000 90092 026 \*\*\*150.00 Principal Place of Business Mailing Address 433 PLAZA REAL 433 PLAZA REAL BOCA RATON FL 33432-3945 **BOCA RATON FL 33432** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0121907 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) WHITE & CASE 200 S. BISCAYNE BLVD. MIAMI FL 33131-2352 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ ☐ Change ☐ Addition Delete TITLE CROCKER, THOMAS J MAME NAME STREET ADDRESS 433 PLAZA REAL STE 335 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE ACKERMAN, RICHARD S NAME STREET ADDRESS STREET ADDRESS 433 PLAZA REAL STE 335 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ONISKO, ROBERT E NAME NAME STREET ADDRESS STREET ADDRESS 433 PLAZA REAL STE 335 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Delete TITLE TITLE ONIKO, ROBERT E NAME NAME STREET ADDRESS 433 PLAZA REAL STE 335 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition Delete TITLE TOMIKO, JOHN L NAME NAME STREET ADDRESS 433 PLAZA REAL STE 335 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition AT ☐ Delete TITLE TOMIKO, JOHN L NAME STREET ADDRESS 433 PLAZA REAL, STE 335 STREET ADDRESS

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 of the receiver or trusted 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 all other like engowered.

CITY-ST-7IP

SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

**BOCA RATON FL** 

what E. ONNE - Yr Date