## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L44815** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name THE BLUFFS SHOPPING CENTER CORPORATION 04-18-2000 90071 022 \*\*\*150.00 Mailing Address Principal Place of Business 2401 PGA BLVD 2401 PGA BLVD PALM BEACH GARDENS FL 33410-3516 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0172554 Not Applicable Country Zip Country Zip \$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 Name WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD PALM BEACH GARDENS, FL 33410 Zip Code FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typ egistered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE K) Change Addition Delete TITLE PRESTON, JOHN W PRESTON, JOHN W.S. NAME NAME 4300 SOUTH U.S. HIGHWAY 1 STREET ADDRESS STREET ADDRESS 2401 PGA Boulevard, Suite 280 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Palm Beach Gardens, FL 33410 ☐ Addition TITI F Change ☐ Delete TITLE COHEN, PETER F NAME NAME STREET ADDRESS STREET ADDRESS 2851 JOHN STREET CITY-ST-ZIP CITY-ST-ZIP MARKHAM, ONTARIO, CANADA Change ☐ Addition ☐ Delete TITLE TITLE **GREEN, ROBERTS S** NAME NAME 2851 JOHN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MARKHAM, ONTARIO, CANADA ☐ Change Addition DVAS ☐ Delete TITLE TITLE BERNICK, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD SUITE 280 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 true-ge 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 ac The Bluffs with all other like empowered. Pping Center Corporation

SIGNATURE: By:

1-20-00

561-624-9500

Daytime Phone #