

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L72441**

1. Entity Name

**GEORGETOWN CONDOMINIUM #2 INC.**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90057 036 \*\*\*550.00

Principal Place of Business

P O BOX 266212  
WESTON FL 33326

Mailing Address

PO BOX 266212  
WESTON FL 33084

**RUU77400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2466 Taylor Street**

Suite, Apt. #, etc.

**3D**

City & State

**Hollywood, FL**

Zip

**33020**

Country

**USA**

3. Mailing Address

**2466 Taylor Street**

Suite, Apt. #, etc.

**3D**

City & State

**Hollywood, FL**

Zip

**33020**

Country

**USA**

4. FEI Number

**59-2461947**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLOTSKY, FRED**  
**2686 OAKMONT**  
**FT. LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent

Name **Holly Bauer**  
Street Address (P.O. Box Number is Not Acceptable) **Georgetown Condo #2 Inc.**  
**2466 Taylor Street #3D**  
City **Hollywood** **FL** Zip Code **33020**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JIMENEZ, ANA</b>	
STREET ADDRESS	<b>2406 TAYLOR ST APT 4C</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAUER, HOLLY</b>	
STREET ADDRESS	<b>2466 TAYLOR ST. APT 3D</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUNRO, BETTY</b>	
STREET ADDRESS	<b>2466 TAYLOR ST APT 4E</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SLOTSKY, FRED</b>	
STREET ADDRESS	<b>2686 OAKMONT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>Vice President</del> <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lynn Sweett</b>	
STREET ADDRESS	<b>2466 Taylor St. #4B</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33020</b>	
TITLE	<b>Treasurer T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Jean Fletcher</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2466 Taylor St. #4D</b>	
STREET ADDRESS	<b>Hollywood FL 33020</b>	
CITY-ST-ZIP	<b>Director D</b>	
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		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Holly A. Bauer** **Holly A. Bauer** **9/11/00** **(954) 791-1122 #207**

CR2E034 (5/00)