

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90004 033 \*\*\*\*61.25

**DOCUMENT # N00000000691**

1. Entity Name:

**PLANTATION TECHNOLOGY PARK PROPERTY OWNERS' ASSO  
CIATION, INC.**

Principal Place of Business

**1177 S.E. 3RD. AVE.  
FT. LAUDERDALE FL 33316-1197**

Mailing Address

**1177 S.E. 3RD. AVE.  
FT. LAUDERDALE FL 33316-1197**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLSWORTH, EMERSON**

**1177 S.E. 3RD. AVE.**

**FT. LAUDERDALE FL 33316-1197**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD MURPHY, BILL**  
STREET ADDRESS **4300 N. UNIVERSITY DR., STE. D-103**  
CITY-ST-ZIP **LAUDERHILL FL 33351**

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

TITLE ☐ Delete  
NAME **VD CROMPTON, GEORGE V**  
STREET ADDRESS **6531 NW 13TH CT.**  
CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE ☐ Delete  
NAME **SD OSHEROFF, MARC A**  
STREET ADDRESS **16400 N.W. 2ND. AVE., STE. 203**  
CITY-ST-ZIP **NORTH MIAMI FL 33169**

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

TITLE ☐ Delete  
NAME **TD BITTING, LESLIE E JR.**  
STREET ADDRESS **1420 N.W. 65TH AVE.**  
CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE ☐ Delete  
NAME **D ALLSWORTH, EMERSON**  
STREET ADDRESS **1177 S.E. 3RD. AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316-1197**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 EMERSON ALLSWORTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/02 954/762-3400**

Date

Daytime Phone #

CR2E037 (9/01)