

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00304

1. Entity Name

EXECUTIVE CENTER PLAZA OFFICE CONDOMINIUM ASSOCI

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90094 047 ****61.25

Principal Place of Business	Mailing Address
400 EXECUTIVE CENTER DR. SUITE 206 WEST PALM BEACH FL 33401 US	400 EXECUTIVE CENTER DR. SUITE 206 WEST PALM BEACH FL 33401-2922 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1279406	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
----------------------------------	--------------------------------

6. Name and Address of Current Registered Agent

ROBINSON, HARRY D.
400 EXECUTIVE CENTER DRIVE
SUITE 206
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	
TITLE	P <input type="checkbox"/> Delete
NAME	FLOYD, DR. THOMAS
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE, SUITE 105
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	DORMAN, EDMOND
STREET ADDRESS	400 EXECUTIVE CENTER DRIVES, SUITE 204
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	ROBINSON, HARRY D.
STREET ADDRESS	400 EXECUTICE CENTER DRIVE, SUITE 206
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CRUSE, ROBERT
STREET ADDRESS	400 EXECUIVE CENTER DRIVE, SUITE 209
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	GOODMARK, JERRY
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE, SUITE 110
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	COLBATH, WALTER
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE, SUITE 105
CITY-ST-ZIP	WEST PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Dallas Durrance
CITY-ST-ZIP	400 Executive Center Dr., #107 W. Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Dorman
STREET ADDRESS	400 Executive Center Dr., #204
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Harry D. Robinson
STREET ADDRESS	400 Executive Center Dr., #206
CITY-ST-ZIP	W. Palm Beach, FL 33410
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Claudia Hughes
STREET ADDRESS	400 Executive Center Dr., #207
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Donnie Murrell
STREET ADDRESS	400 Executive Center Dr., #201
CITY-ST-ZIP	W. Palm Beach, FL 33401

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: Harry D. Robinson REQUIRED 4/10/00 561 684-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N00304

938004

Continuation of box 11 -

Title	D	Addition
Name	Steve Alexander	
	400 Executive Center Dr., #202	
	W. Palm Beach, FL 33401	

Title	D	Addition
Name	Jim Riedel	
	15380 Palmwood Road	
	Palm Beach Gardens, FL 33410	