

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90225 035 ****61.25

DOCUMENT # NO1000004533

1. Entity Name

MILLENNIUM POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4000 N FEDERAL HWY. SUITE 201
 BOCA RATON FL 33431

Mailing Address

4000 N FEDERAL HWY. SUITE 201
 BOCA RATON FL 33431

2. Principal Place of Business

2499 Glades Rd
 Suite, Apt. #, etc.
 SUITE 103

3. Mailing Address

2499 GLADES RD
 Suite, Apt. #, etc.
 SUITE 103

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1127752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINE, JEFFREY A
 4000 N FEDERAL HWY, SUITE 201
 BOCA RATON FL 33431

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOOLIK, IAN	
STREET ADDRESS	4000 N FEDERAL HWY, SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KOOLIK, MERRI	
STREET ADDRESS	4000 N FEDERAL HWY, SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDBERG, ELIZABETH	
STREET ADDRESS	4000 N FEDERAL HWY, SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koolik, Ian	
STREET ADDRESS	2499 Glades Rd Suite 103	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koolik, Merri	
STREET ADDRESS	2499 Glades Rd, Suite 103	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldberg, Elizabeth	
STREET ADDRESS	2499 Glades Rd Suite 103	
CITY-ST-ZIP	Boca Raton, FL 33431	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE:

SIGNATURE REQUIRED IAN KOOLIK

2/20/02

883-1576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)