

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-04-2002 90088 011 ****61.25

DOCUMENT # N01000007374

1. Entity Name

GALT OCEAN SHOPPES IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308	Mailing Address 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number **65 0889475** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LAW OFFICES OF LAWRENCE E BLACKE, P.A.
3326 NE 33RD STREET
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name **BLAKE**
 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 resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	P LEEDS, ALEX DR. D <input type="checkbox"/> Delete 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALOTAS, GABRIEL D <input type="checkbox"/> Delete 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKE, LAWRENCE E P <input type="checkbox"/> Delete 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, NOEL D <input type="checkbox"/> Delete 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, MARTY D <input type="checkbox"/> Delete 3530 N OCEAN BLVD FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Marty Sullivan
Marty Sullivan, Treasurer

8-26-02

(954) 390-6081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2EC037 (9/01)