## **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # NO1399 Entity Name BAL HARBOUR CIVIC ASSOCIATION, INC. 00 AUG 29 PM 3: 13 Principal Place of Business Mailing Address SECRETARY OF STATE 655 96TH ST P.O. BOX 54-6110 TALLAHASSEE. FLORIDA BAL HARBOUR FL 33154 SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2371092 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 7.: Name and Address of New Registered Agent ERIC S TUCKERMAN Street Address (P.O. Box Number is Not Acceptable) LEVIN. DAVID G 154 CAMDEN DR. 210 Bal Cross Dive **BAL HARBOUR FL 33154** Bal Harbour 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Сhange ■ Addition TITLE LELCHUK, IRA NAME NAME 600003391766 169 CAMDEN DR STREET ADDRESS STREET ADDRESS -09/13/00--01065--028 CITY-ST-ZIP CITY-ST-ZIP BALHARBOUR FL 33154 TITLE ☐ Detete TITLE SHERIDAN, SARAH NAME NAME 160 BAL CROSS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL 33154** CITY-ST-ZIP **1**Change Detete TITLE Addition TITLE CELLINI, DINA NAME 211 BAL CROSS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL 33154** CITY-ST-ZIP Delete Change Addition TITLE SUSIE SHEVUIN PETRILLO, BUDDY NAME 161 Camben Drive 172 CAMDEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL 33154** CITY-ST-ZIP Bal Harbour FL 33154 DP TITLE □ Change Addition TITLE Defete Gina BERLIN LEVINE, DAVID G NAME NAME 67 Bal Bay Drive 154 CAMDEN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bal Harbour, FL 33154 CITY-ST-ZIP **BAL HARBOUR FL 33154** Change TITZ F Delete TITI F DT (Tr-casurer) ☐ Addition TUCKERMAN, RICK NAME NAME ERIC S. TUCKERMAN 210 BAL CROSS DR STREET ADDRESS STREET ADDRESS ZIO BAL CRISS DIZIVE CITY-ST-ZIP CITY-ST-ZIP BAL HARBOUR FL 33154 BAL HARISOUR, FL 33154 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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