

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016892

DOCUMENT # N02000003364

1. Entity Name

WOODCREST OFFICE CENTER OWNERS ASSOCIATION, INC.



FILED

03 AUG -5 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

C/O DENHOLTZ & ASSOCIATES  
1600 ST. GEORGE AVENUE #108  
RAHWAY NJ 07065

Mailing Address

POST OFFICE BOX 1234  
RAHWAY NJ 07065

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

☒ 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

~~C.T. CORPORATION SYSTEM~~  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME DENHOLTZ, STEVEN MR. ☐ Delete  
STREET ADDRESS POST OFFICE BOX 1234  
CITY-ST-ZIP RAHWAY NJ 07065

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

TITLE VD  
NAME HEIBERGER, NEIL MR. ☐ Delete  
STREET ADDRESS POST OFFICE BOX 1234  
CITY-ST-ZIP RAHWAY NJ 07065

TITLE ☒ Change ☐ Addition  
NAME 900022026989  
STREET ADDRESS 08/04/03--01031--005 \*\*61.25  
CITY-ST-ZIP

TITLE STD  
NAME SCHIMPF, JOHN MR. ☐ Delete  
STREET ADDRESS POST OFFICE BOX 1234  
CITY-ST-ZIP RAHWAY NJ 07065

TITLE ☒ Change ☐ Addition  
NAME 900022026989  
STREET ADDRESS 08/04/03--01031--006 \*\*8.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED** Steven J. Denholtz 7/15/03 732 388 300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)