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

DOCUMENT # NOODOOGAGZ

UI	NIFORM BUSINE	May 06, 2003 8:00 am § Secretary of State			0031340		
1. Entity Nam	MENT # NO2000 ITHOUSE PRESERVATION SC			05-06-2003 90033 026 ****61.25			
Principal Place of Business 100 BAY COLONY LANE FT. LAUDERDALE FL 33308		Mailing Address 100 BAY COLONY LANE FT. LAUDERDALE FL 33308					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	6597.03	Applied For Not Applicable	}
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Agen		
			Name				}
TOBIN, RICHARD D 2929 E. COMMERCIAL BLVD. SUITE 702			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
FI. LAUL	DERDALE FL 33308		City		FL ²	ip Code	
	e named entity submits this statement for		<u> </u>			<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requi	\$5.00 May Be	DATE Make Check Pa	yable to	ļ
		Trust Fund Co	ontribution.	Added to Fees	Florida Departme	nt of State)
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECT	ORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 5411 0020111 2 412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			CR2E037 (10/02
TITLE NAME	PT. LAUDERDALE FL 33308 D GUTWEIN, BENJAMIN E	☐ Delete	TITLE NAME			Change	CRZE
STREET ADDRESS -City _e st-zip	101 SE 15TH AVENUE TH C FORT LAUDERDALE FL 33301	and the second second	STREET ADDRESS CITY-ST-ZIP			-	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CHODENDALE TE GOOD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			change	!
CITY-ST-ZIP		□ Delete	CITY-\$T-ZIP			thanne	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED