

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

DOCUMENT # N03463

1. Entity Name

CORAL GATE PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION

FILED
May 02, 2000 8:00 am
Secretary of State

03-04-2000 90085 047 ****61.25

Principal Place of Business

5651 NW 29TH ST
 MARGATE FL 33063
 US

Mailing Address

5651 NW 29TH ST
 MARGATE FL 33063-1531
 US

2. Principal Place of Business

5651 NW 29TH ST
 Suite, Apt. #, etc.
 MARGATE, FLA. 33063
 City & State

3. Mailing Address

222 S. MILITARY TRAIL
 Suite, Apt. #, etc.
 DEERFIELD BEACH, FLA
 City & State



DO NOT WRITE IN THIS SPACE

Zip

Country

USA

Zip

33444

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGAHARAN, RICHARD
 5611 NW 29TH STREET
 MARGATE FL 33063

7. Name and Address of New Registered Agent

Name MARTIN GORDON
 Street Address (P.O. Box Number is Not Acceptable)
 222 S. MILITARY TRAIL
 City DEERFIELD BEACH FL Zip Code 33444

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 checked="" type="checkbox"/> Delete
NAME	ROSCHMAN, JOHN A.	
STREET ADDRESS	5611 NW 29 STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSCHMAN, BETTY L.	
STREET ADDRESS	5611 NW 29 STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MCGAHARAN, RICHARD	
STREET ADDRESS	5611 NW 29 STREET	
CITY-ST-ZIP	MARGATE FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN GORDON	
STREET ADDRESS	222 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33444	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR GORDON	
STREET ADDRESS	222 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33444	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL GORDON	
STREET ADDRESS	222 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33444	
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 like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (9/99)