

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91385 039 ****67.50

DOCUMENT # **N045 03**

1. Entity Name

SANDALFOOT PLAZA PROPERTY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

96259

2. Principal Place of Business

7685 LAKE WORTH ROAD

Suite, Apt. #, etc.

3. Mailing Address

7685 LAKE WORTH ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

Zip

33467

Country

USA

City & State

LAKE WORTH FL

Zip

33467

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALFRED BROWN

Street Address (P.O. Box Number is Not Acceptable)

7685 LAKE WORTH ROAD

City

LAKE WORTH

FL

Zip Code

33467

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial of Amended UBR

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

**D HARRY J. BROWN
7685 LAKE WORTH ROAD
LAKE WORTH FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D PETER C. OBERENK
461 PARK AVENUE SOUTH
NEW YORK NY 10016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D ALFRED BROWN
7685 LAKE WORTH ROAD
LAKE WORTH FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E0378 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #