

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05260

1. Entity Name

502 TO 514 NORTHEAST 19TH STREET ASSOCIATION, IN

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90041 029 ****61.25

Principal Place of Business

Mailing Address

514 N.E. 19TH ST.
 WILTON MANORS FL 33305

514 N.E. 19TH ST.
 WILTON MANORS FL 33305-3915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2448476

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 Address of New Registered Agent

BARNES, BRUCE R.
 506 N.E. 19TH ST.
 WILTON MANORS FL 33305

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, BRUCE R.	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARNES-THORTON, SABRA	
STREET ADDRESS	506 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, SANDRA L.	
STREET ADDRESS	514 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROTROFF, NANCY	
STREET ADDRESS	504 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREER, DANIEL M.	
STREET ADDRESS	508 N.E. 19TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rotoff, Nancy	
STREET ADDRESS	504 NE 19th St	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greer, Mary	
STREET ADDRESS	512 NE 19th St	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greer, Daniel R.	
STREET ADDRESS	512 NE 19th St	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clem, Linda	
STREET ADDRESS	502 NE 19th St	
CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lemanski, David	
STREET ADDRESS	514 NE 19th St	
CITY-ST-ZIP	Wilton Manors, FL 33305	
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/00 954 568 1549

Date

Daytime Phone #

CR2E037 (9/99)