

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06129

1. Entity Name

LIBRARY SQUARE ASSOCIATION, INC.

Principal Place of Business

**1096 SUNSET STRIP
SUNRISE FL 33313**

Mailing Address

**1096 SUNSET STRIP
SUNRISE FL 33313**

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

59-2619343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIFFITH, W. R.
1096 SUNSET STRIP
SUNRISE FL 33313**

7. Name and Address of New Registered Agent

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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BODENSTEIN, BENNET L. | |
| STREET ADDRESS | 6660 SUNSET STRIP #1 | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | GRIFFITH, W.R. | |
| STREET ADDRESS | 1096 SUNSET STRIP | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GLEASON, THOMAS | |
| STREET ADDRESS | 6666 SUNSET STRIP | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAKOULIAN, HAIG | |
| STREET ADDRESS | 6780 SUNSET STRIP | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33313 | |
| 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 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 | | |
| 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:

W. Griffith See Fees

3/27/02 954/792-5111

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90059 020 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)