

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N07282**

1. Entity Name

**HORIZONS OF INVERRARY CONDOMINIUM D ASSOCIATION,**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90023 029 \*\*\*\*61.25

Principal Place of Business <b>4373 ROCK ISLAND RD. LAUDERHILL FL 33319 US</b>	Mailing Address <b>4373 ROCK ISLAND RD. LAUDERHILL FL 33319-4520 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2778167</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CAMPBELL PROPERTY MANAGEMENT**  
**4373 ROCK ISLAND RD.**  
**LAUDERHILL FL 33319**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MYERSON, LEE	
STREET ADDRESS	7050 NW 44TH ST. #409	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRODHEIM, NATHAN	
STREET ADDRESS	7050 NW 50TH STREET #704	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIRANDA, JODI	
STREET ADDRESS	7050 N.W. 44TH ST. #207	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FITZGERALD, BARBARA	
STREET ADDRESS	7050 NW 50TH STREET #805	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGI, KARL	
STREET ADDRESS	7050 NW 44TH ST. #702	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, HARRY	
STREET ADDRESS	7050 NW 50TH STREET #304	
CITY-ST-ZIP	LAUDERHILL FL 33319	

**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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nero, Patricia, # 301	
STREET ADDRESS	7050 N.W 50th Street	
CITY-ST-ZIP	Lauderhill, Fl. 33319	
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: Lee Myerson **REQUIRED** 1/21/2000 (954) 733-7192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)