

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10767

1. Entity Name

THE 512 BUILDING OWNER'S ASSOCIATION, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90037 013 ****61.25

Principal Place of Business

Mailing Address

805 SR 512
 SUITE 3
 SEBASTIAN FL 32958
 US

805 SR 512
 SUITE 3
 SEBASTIAN FL 32958
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0129140

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

MOSKOWITZ, KENNETH
 805 SR 512
 SUITE 3
 SEBASTIAN FL 32458

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME SHAPIRO, ILAN
 STREET ADDRESS 805 SR 512 SUITE 3
 CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME MCLAIN, LINDA
 STREET ADDRESS 9740 FLEMING GRANT RD
 CITY-ST-ZIP MICCCO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME TOZZOLLO, WAYNE
 STREET ADDRESS 805 SR 512 SUITE 4
 CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME MOSKOWITZ, KENNETH L.
 STREET ADDRESS 805 SR 512, SUITE 3
 CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 MOSKOWITZ TD

Date

Daytime Phone #

CR2E037 (5/00)