

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10816

1. Entity Name

840 RIVER'S EDGE ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90133 013 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3000 NE 8TH TERRACE B3 OAKLAND PARK FL 33334 US	3000 NE 8TH TERRACE B3 OAKLAND PARK FL 33334-2671 US

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
	BROWARD

4. FEI Number	Applied For
59-2611643	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYDEN, JAC  
3000 NE 8TH TERRACE, B-4  
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name: SAME  
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: 1/12/2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LEVIS, JACK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3000 NE 8TH TERRACE B-4</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OAKLAND PARK FL 33334</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	LEVIS, JACK		STREET ADDRESS	3000 NE 8TH TERRACE B-4		CITY-ST-ZIP	OAKLAND PARK FL 33334		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: ANDREW B. EDDY, JR TREASURER  
1/12/2000 (954) 561-3663  
(1) + TLA apt 115