## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME

## FILED DOCUMENT # **N11032** Feb 15, 2000 8:00 am 1. Entity Name **Secretary of State** BOCA GLADES "D" CONDOMINIUM ASSOCIATION, INC. 02-15-2000 90001 037 \*\*\*\*61.25 Mailing Address Principal Place of Business 8516 BOCA GLADES BLVD. WEST 8516 BOCA GLADES BLVD, WEST **BOCA RATON FL 33434** BOCA RATON FL 33434-4034 2. Principal Place of Business Mailing Address GLADES PHYDEAST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suité, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2535836 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON I PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD Zip Code City **BOCA RATON FL 33487** 8. The above named entity submits tatement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE pistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to ILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State EE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete **∠** Change TITI F TITLE NAME COWEN, BARBARA NAME STREET ADDRESS STREET ADDRESS 8649-B BOCA GLADES BLVD W CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition Change TITLE VD. ☐ Delete TITLE RISUCCI, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 8681A BOCA GLADES BLVD W. CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE ☐ Delete TITLE NAME BENINCASA, LOUIS NAME STREET ADDRESS 8665-A BOCA GLADES BLVD W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition ☐ Delete TITLE TITLE NAME SPINELLI, BARBARA NAME STREET ADDRESS STREET ADDRESS 8609-C BOCA GLADES BLVD W CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.