

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

May 01, 2000 8:00 am
Secretary of State

01-25-2000 90084 040 ****61.25

DOCUMENT # N12245

1. Entity Name

PRESIDENTIAL WAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% LEONARD SHARKEY
1630 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401

% LEONARD SHARKEY
1630 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401-1810

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

59-2625362

Applied For
Not Applicable

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

% LEONARD SHARKEY
1630 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401

Sidney Rosenthal
1630 Presidential Way
WPB 33401

Name *Sidney Rosenthal*
Street Address (P.O. Box Number is Not Acceptable) *1630 Presidential Way*

City *West Palm Beach* FL Zip Code *33401*

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

Sidney Rosenthal, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-6-00

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 ☐ Delete
NAME **VPD**
STREET ADDRESS **BUONOCORE, JOHN H.**
CITY-ST-ZIP **1630 PRESIDENTIAL WAY**
WEST PALM BEACH FL

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ROSENTHAL, SIDNEY**
CITY-ST-ZIP **1630 PRESIDENTIAL WAY**
WEST PALM BEACH FL

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SILVERMAN, LESTER**
CITY-ST-ZIP **1630 PRESIDENTIAL WAY**
WEST PALM BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #