

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90021 023 \*\*\*\*70.00

**DOCUMENT # N15230**

1. Entity Name

**ASCOT PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD. #200  
 C/O LANG MANAGEMENT CO.  
 BOCA RATON FL 33486

5295 TOWN CENTER RD. #200  
 C/O LANG MANAGEMENT CO.  
 BOCA RATON FL 33486-1080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2734199**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K.**  
**5295 TOWNCENTER RD, STE 200**  
**BOCA RATON FL 33486**

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**

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	TD	<input type="checkbox"/> Delete
NAME	FTENER, LLYOD	
STREET ADDRESS	5413 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D GALPERN	<input type="checkbox"/> Delete
NAME	GALDERN, LOUISE	
STREET ADDRESS	5364 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EICHLER, MILTON	
STREET ADDRESS	5334 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LESSER, PAUL	
STREET ADDRESS	5443 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SLOMIN, SANDRA	
STREET ADDRESS	5487 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALPERN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, AL	
STREET ADDRESS	5437 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANN LEVY	
STREET ADDRESS	5455 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWOSH, JERRY	
STREET ADDRESS	5359 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON FL 33496	
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 60, 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 information answered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 JURET  
 [Handwritten Signature]

Date

Daytime Phone #

CR2E037 (9/99)