

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90118 027 \*\*\*\*61.25

**DOCUMENT # N25112**

1. Entity Name

**PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

20351 NW 3 STREET  
 PEMBROKE PINES FL 33029  
 US

20351 NW 3 STREET  
 PEMBROKE PINES FL 33029-3407  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0100365**

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

**COEPPICUS, GERRY**  
**20351 NW 3 STREET**  
**PEMBROKE PINES FL 33029**

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: **PDT**  Delete  
 NAME: **COEPPICUS, GERRY**  
 STREET ADDRESS: **20351 NW 3 STREET**  
 CITY-ST-ZIP: **PEMBROKE PINES FL**

TITLE:  Change  Additor  
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 CITY-ST-ZIP:  Change  Additor

TITLE: **D**  Delete  
 NAME: **COEPPICUS, GABRIELA**  
 STREET ADDRESS: **20351 N.W. 3 STREET**  
 CITY-ST-ZIP: **PEMBROKE PINES FL**

TITLE:  Change  Additor  
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 STREET ADDRESS:  Change  Additor  
 CITY-ST-ZIP:  Change  Additor

TITLE: **SVD**  Delete  
 NAME: **COOK, FORD**  
 STREET ADDRESS: **420 NW 202 WAY**  
 CITY-ST-ZIP: **PEMBROKE PINES FL**

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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: **GERRY COEPPICUS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/2000** **954-430-9460**  
 Date Daytime Phone #

00010724



DO NOT WRITE IN THIS SPACE