

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26062

1. Entity Name

LUCERNE PARK CONDOMINIUM ASSOCIATION NO. THIRTEE

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90284 023 ****61.25

Principal Place of Business

3403 JOG PARK DR.
GREENACRES FL 33467-2038
US

Mailing Address

3403 JOG PARK DR.
GREENACRES FL 33467-2038
US

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

65-0179876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

604628



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GINSPARG, JOSHUA
3403 JOG PARK DR.
GREENACRES FL 33467

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GINSPARG, JOSUA	
STREET ADDRESS	3403 JOG PARK DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERMAN, RUTH	
STREET ADDRESS	3417 JOG PARK DRIVE	
CITY-ST-ZIP	GREENACRES FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGUT, SIDNEY	
STREET ADDRESS	3370 JOG PARK DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATSCH, WALTER H	
STREET ADDRESS	3399 JOG PARK DR.	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, HERBERT	
STREET ADDRESS	3397 JOG PARK DR	
CITY-ST-ZIP	GREENACRES FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODELL, CHRISTINE	
STREET ADDRESS	3380 JOG PARK DRIVE	
CITY-ST-ZIP	GREEN ACRES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCNEIDER KATHERINE	
STREET ADDRESS	3409 JOG PARK DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSHUA GINSPIRG

1-8-2000

561-966-2670

CR2E037 (9/99)