

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90008 002 ****61.25

DOCUMENT # N27740

1. Entity Name

THE PIERRE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

455 LONGBOAT CLUB RD.
 LONGBOAT KEY FL 34228
 US

455 LONGBOAT CLUB RD.
 LONGBOAT KEY FL 34228-3850
 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

65-0215888

Applied For

Not Applicable

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

JAYNE CORY
455 LONGBOAT CLUB RD PL3
LONGBOAT KEY FL 34228

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	D	<input type="checkbox"/> Delete
NAME	WEINBERGER, JOSEPH	
STREET ADDRESS	455 LONGBOAT CLUB RD #405	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIDL, RICHARD	
STREET ADDRESS	455 LONGBOAT CLUB RD., #808	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, GERALD DR	
STREET ADDRESS	455 LONGBOAT CLUB RD PH-8	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, DOROTHY	
STREET ADDRESS	455 LONGBOAT CLUB ROAD #608	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILVER, JUNE	
STREET ADDRESS	455 LONGBOAT CLUB RD. #701	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCE ENGLISH	
STREET ADDRESS	455 LONGBOAT CLUB RD #702	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK KAUFFMAN, MD	
STREET ADDRESS	455 Longboat Club Rd #PH3	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE ENGLISH	
STREET ADDRESS	455 Longboat Club Rd #702	
CITY-ST-ZIP	Longboat Key FL 34228	
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)(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: *June Silver* **REQUIRE** *De Silver*

3-7-00 941-383-8345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRZE037 (9/99)